

# PHILADELPHIA MEDICAL TIMES.

## CONTENTS.

CLINICAL LECTURE:	
ENLARGEMENT OF THE THYROID GLAND: THE DIAGNOSIS OF EXOPHTHALMIC GOITRE; INTERCOSTAL NEURALGIA OF LONG STANDING; SCIATICA WITH ANÆSTHETIC LESIONS. By William Pepper, M. D. ....	549
ORIGINAL COMMUNICATIONS:	
MESSAGE IN THE TREATMENT OF SKIN DISEASES. By J. C. Shoemaker, A. M., M. D. ....	553
PEPPIN'S TESTS OF OCULAR ILLUSIONS AND ENDOWMENTS. By M. B. Mawarling. ....	554
TRANSLATIONS:	
A DISINFECTANT MIXTURE. ....	558
CONTUSION OF THE SCROTUM, WITH HERNIA OF THE TESTICLES. ....	558
HYPERCHLORHYDRIA AND GASTRIC ATONY. ....	559
CHRONIC SUPPURATION OF THE EAR. ....	559
NOTES OF HOSPITAL PRACTICE:	
JEFFERSON MEDICAL COLLEGE HOSPITAL—SURGICAL CLINIC held by J. M. Barton, M. D.—STRANGLATED HERNIA—REDUCTION. ....	559
STRicture OF TWELVE YEARS DURATION, RUPTURE OF URETHRA, EXTRAVASATION OF URINE, THREE INCISIONS AND PERINEAL SECTION. ....	562
PHILADELPHIA HOSPITAL: CEREBRO-SPINAL MENINGITIS—STROPANOUS—SCURVY—PERCENTAGE OF ALBUMEN IN URINE. ....	561
ABORTIVE TYPHOID—DANGER FROM ANTIPYRINE—SPONTANEOUS RUPTURE OF SPLEEN—FISSURED NIPPLES. ....	562
MEDICO-CHIRURGICAL HOSPITAL: COMFORT OF PATIENTS—CHOOSING A TONGUE DEPRESSOR—OPERATING ON THE LARYNX. ....	562
ATROPIA IN THE EYES—INHERITED DEFICIENCY OF A TOOTH—FOR SUPERFICIAL NEURALGIAS—	
ECZEMA — SEBORRHŒA OLEOSA — MUCOUS PATCHES—CHANCRÖID. ....	563
OVARIAN TROUBLE—Illusions During Pregnancy. ....	564
JEFFERSON COLLEGE: EPITHELIOMA OF LOWER LIP—CARCINOMA OF AN UNDESCENDED TESTICLE. ....	564
ORPHANASIS HOSPITAL: NEURITIS FROM AN OLD FRACTURE. ....	564
JEFFERSON COLLEGE HOSPITAL: DYSPÉPSIA. ....	564
EDITORIALS:	
MEDICAL JOURNALISM AND TRADE JOURNALS. ....	565
SOCIETY NOTES:	
PENNA. STATE MEDICAL SOCIETY. ....	566
NOTES FROM SPECIAL CORRESPONDENTS:	
LETTER FROM PARIS. ....	567
CINCINNATI LETTER. ....	570
REVIEWS AND BOOK NOTICES:	
THE LANGUAGE OF MEDICINE. By F. R. Campbell, A. M., M. D. ....	572
LETTERS TO THE EDITOR:	
ENTEROCOLITIS—HEMOPTYSIS FOLLOWING COITION—DIAGNOSIS WANTED. ....	573
MISCELLANEOUS:	
THE CHEMICAL INCOMPATIBILITY OF ANTISEPTIC AGENTS. ....	574
ANTITOXIN FOR SERPENT VENOM. ....	575
EAR DISEASES IN WHITES AND NEGROES—BRASS WORKERS' DISEASES—POISONOUS DYES. ....	576
NOTE ON NAPHTHOLS. ....	577
HYSTERIA—FORMULAS. ....	578
DR. HIRAM COBBON. ....	579
OBITUARY. J. W. SNOWDEN, M. D. ....	580
NOTES AND ITEMS:	
Advertising Pages v, <i>et seq.</i>	

No. 535.

JUNE 15, 1888.

VOL. XVIII

## CLINICAL LECTURE.

### ENLARGEMENT OF THE THYROID GLAND; THE DIAGNOSIS OF EXOPHTHALMIC GOITRE; INTERCOSTAL NEURALGIA OF LONG STANDING; SCIATICA WITH ANÆSTHETIC LESIONS.

Delivered at the Hospital of the University of Pennsylvania.

BY WILLIAM PEPPER, M.D., LL.D.,  
Provost, and Professor of the Theory and Practice of Medicine and of Clinical Medicine.

Reported by William H. Morrison, M.D.

**GENTLEMEN:** The first case which I bring before you illustrates a practical point of frequent occurrence. This young girl as you see is very anaemic. This is shown by the pallor of the lips and cheeks and by the whiteness of the conjunctivæ. She comes to us with the statement that she has a swelling in the neck, and on examination, it is at once apparent that there is enlargement of the thyroid gland, although the degree of enlargement is not great. We often meet with such cases as this and the question arises as to the nature of the thyroid enlargement. It is in just such cases that we find Graves' disease, or exophthalmic goitre, developing. This is, as you know, a neurosis of the cardiac plexus

and of the branches controlling the circulation through the thyroid arteries. It occurs in anaemic subjects with depressed vitality. Here then is a subject in whom exophthalmic goitre might very plausibly be suspected. In this affection, it is sometimes the protrusion of the eyeball which is first observed, and the patient acquires a peculiar staring expression. Sometimes it is the enlargement of the thyroid which is first noticed. Sometimes it is the excited cardiac action, without which we may say exophthalmic goitre never exists, that first attracts attention.

When, therefore, enlargement of the thyroid gland presents itself in a subject, who on other grounds might be supposed likely to have exophthalmic goitre, we first consider whether the associated symptoms of protrusion of the eyeball and excited cardiac action are present and whether or not the enlargement of the thyroid is such as is found in that affection. In this girl, there is clearly no protrusion of the eyeballs. The appearance of the eyes is entirely normal. Applying von Graefe's test, I direct her to look up and then down. The lids follow the movements of the globes perfectly. When there is only slight prominence of the ball, so slight as not to be apparent on inspection, it will be found when the globes are

rotated vertically that there is a slight inequality in the movements of the eyeball and of the lid.

Studying next the action of the heart, I find that the pulse, which we might reasonably expect to be disturbed from the excitement of coming before the class, is quiet, tranquil and entirely regular, eighty-four in the minute. The cardiac sounds are normal. There is evidently no cardiac excitement. The absence of exophthalmos and of cardiac excitement at once shows us that this is not a case of exophthalmic goitre, but one of ordinary goitre appearing in an anaemic girl.

Nor does the character of the thyroid enlargement agree with that which is found in Graves' disease. In that affection the enlargement is peculiar. It is not simply a swelling of the gland, usually involving both lobes symmetrically, but it is a swelling associated with pulsation and with thrill, and when the enlargement becomes at all marked, with a murmur. Here the thyroid enlargement is soft, without the slightest pulsation or thrill. There is no anaemic murmur heard over the heart, nor is a murmur to be found over the enlarged gland. This, with the other points in the case, serves to positively exclude Graves' disease.

I need not say to you that an accurate diagnosis in these cases is of great importance. Graves' disease when recognized in its early stage may often be checked, and for its treatment, it frequently requires a cessation of occupation and a change of the surroundings and circumstances of the patient. In the present case, however, I have no hesitation in saying that a course of iron combined with the local application of tincture of iodine or of an ointment consisting of the compound ointment of iodine with protiodide of mercury, or possibly with small doses of iodide of potassium internally, will remove the anaemia and cause a disappearance of the thyroid enlargement.

#### INTERCOSTAL NEURALGIA.

The next patient, a farmer, aged 39 years, comes to us with the statement that he has had a pain in his right side for a number of years. He gives the following history: His general health is good. The pain first appeared three

and a half years ago, and followed a blow on the side by the handle of a plow. The blow was a heavy one, nearly taking his breath, and the pain appeared at once after it. The right arm was also affected. There was no fever and no loss of flesh. He also had pain around the base of the left chest. He has always had some pain every day, except during last summer, when he was pretty free from pain until he again injured himself by over-reaching. Changes in the weather have had no effect upon the pain. It has come at no regular intervals, and has had no connection with eating. There is no shortness of breath and no cough. He has not been especially liable to take cold since the pain appeared. There is no palpitation of the heart. During the past winter the pain has been limited to the right side in the region of the nipple. The pain around the base of the left chest disappeared a year ago. While there is more or less pain constantly present, he also has paroxysms in which it is much more severe.

We learn that the pain followed an injury. This must have been of a very superficial nature. There could scarcely have been any organic trouble without more marked disturbance of the general system than seems to have been present. We might think of aneurism; but then there should have been marked disturbance of cardiac action, with a great deal of shortness of breath on exertion. Pressure would not explain the pain radiating around the base of the left chest. Chronic pleurisy, with perhaps pleural effusion, might suggest itself; but in that case there should be a history of dry cough, shortness of breath and dyspnoea, increased by exercise. The length of time which the affection has lasted is also against this view. In three and a half years the general health would have suffered more than it has.

We shall next proceed to a physical examination of the chest. The heart is in the normal position, and there is no cardiac murmur. The expansion of the two sides of the chest is about equal, and normal. There is good resonance on both sides, anteriorly and posteriorly. In the axillary region of the right side, the respiratory murmur is a little weak, and there is a small patch

where superficial friction râles are heard. There has evidently been a little plastic pleurisy, and it is quite possible that there may have been at one time a little serous effusion. The extent of inflammation has not been sufficient to interfere with the breathing, or to impair the general health. Following the blow, there was induced an irritative condition of the tissues in this region, affecting the pleura, but chiefly involving, I have no question, the sheaths of the intercostal nerves. And I believe that the main trouble from which this patient has been suffering has been intercostal neuralgia of traumatic origin. The fact that there was also pain on the opposite side, would indicate that part of the neuralgia was due to idiopathic causes.

There is then no serious lesion here. The cause is adequate to explain the symptoms, and I think that the diagnosis is entirely clear. There should be no difficulty in relieving this man. The first thing that I should suggest would be counter-irritation over the affected region. I should apply, at intervals of ten days, a small blister one and one-half inches in diameter, thus keeping up a series of flying blisters over this area. Internally, I would order iodide of potassium with minute doses of mercury, beginning with three grains of iodide of potassium and one-forty-eighth of a grain of the bichloride of mercury in compound infusion of gentian, after each meal. I might say also that there is no evidence of a fracture of any of the ribs. A continuance of the treatment suggested will, I think, cause a disappearance of the pain in a reasonable time.

#### *SCIATICA WITH ANÆSTHETIC LESIONS.*

This man is a carpenter by occupation. Some time ago, while attempting to lift a heavy weight, he strained his back. He subsequently caught cold, and was unable to get out of bed, on account of the pain in his back. We often hear statements just like this: that a man has wrenched himself in some part, and subsequently has caught cold in the weak spot. The experience of every one will give many instances of the truth of this statement. Ever since this attack the man has had more or less pain in the left loin, over the

ilium. The seat of the pain is rather too low to be called lumbago. The lesion is at the sacro-iliac junction, extending to the fibrous tissue of the crest of the ilium, and also to the sheath of the sciatic nerve, inducing sciatica. In this case we have associated with the pain in the regions supplied by the sciatic nerve, a sensation of numbness, of "pins and needles," and the limb feels heavy. There is also evident anaesthesia of certain parts of the leg. Anaesthetic lesions in connection with sciatica are not very common. The affection may go on to atrophy of the muscles, and yet the skin retain its normal sensibility. I find that along the outer surface of the left leg, and for a short distance on the inside of the spine of the tibia, the skin is anaesthetic. The outer surface of the left foot is also anaesthetic. Over the affected area he recognizes light contacts, but does not appreciate pain caused by pin-pricks. Some of the branches supplying the lower portion of the limb are evidently much affected by pressure. We also note that the muscles are beginning to suffer, and it is therefore essential that this thickening be removed as quickly as possible.

In this case I do not think that it would be wise to use blisters, but should prefer the actual cautery, making applications at intervals of five or six days, over the affected area. I should use dry faradization, with a current of moderate strength, over the cutaneous branches, and internally, as full doses of iodide of potassium as he can bear, associating with this, arsenic and iron. I should give at each meal a pill containing:

Pil. ferri carb.	.....	gr. ij
Ext. ignatiae.	.....	gr. j
Acid. arseniosi.	.....	gr. 1-40

and between meals I would give, in two or three ounces of water, as much iodide of potassium as the stomach will bear, beginning with five grains, and gradually increasing the dose.

#### *A CASE OF CHRONIC NEPHRITIS; REMARKS ON THE NECESSITY OF EXAMINATION OF THE URINE AFTER SCARLET FEVER.*

We obtain from this patient the following history. W. K., aged 40 years, a coal miner, has a good family history. At the age of fourteen he had scarlet

fever, from which, it is said, that he recovered without sequelæ. With this exception, he has never been sick until the present illness. He has not had venereal disease. He drinks moderately. Five months ago, without apparent cause, and without unusual exposure, he noticed that the feet became swollen, especially towards evening. About the same time he noticed that urination was frequent, and that the urine was high colored. His general condition has remained extremely good. Examination of the urine shows it to be of a light yellow color, that it throws down a faint cloud of mucus, and that it contains one-eighth of its volume of albumen. The microscope shows small hyaline tube-casts, many with finely granular matter, a few fatty epithelial cells, and a few fat globules.

We evidently have here some form of Bright's disease, and the questions of greatest interest are: how long has the disease been present? what is its cause? and what stage has it reached? We often meet with cases with just such histories, and it would be a great mistake to suppose that the beginning of this man's renal disease was five months ago. No person with previously healthy kidneys ever got a serious nephritis in the way that this has developed. The very fact that the man developed these symptoms without apparent cause, without unusual exposure, and without any special derangement of the general health, is the strongest possible evidence that the organ affected was already habituated to disease, and already the seat of chronic disease. I conceive that the insidious onset of these symptoms is one of the worst elements in the prognosis, as indicating that the kidneys had been diseased for a long time before the symptoms were observed by the patient.

You will have noted that the man is a moderate drinker. I think that moderate drinkers are more liable to have disease of the liver, kidneys and stomach than are total abstainers, but they are not so liable to these affections as are drunkards. Habitual moderate drinking is a predisposing cause to visceral disease. This man does not seem to have drunk sufficiently to justify the opinion that he has devel-

oped severe organic disease from this cause at his early age. What special predisposing causes to Bright's disease do we find in this case? We find none in the family history, and going back to the attack of scarlet fever, we find the statement that there were no sequelæ. But what is the proof? How often will you find in watching a case of scarlet fever, if you examine the urine every two or three days for six weeks, and then every week for a month, and then every month for a year, and then every year for five years, that a little renal trouble develops long after it is thought the patient is out of danger. Scarlet fever leaves the kidneys in a vulnerable condition, and if the patient is allowed to go about in his usual way too soon, there may be a slight attack, too slight perhaps to attract attention, yet sufficiently marked to fasten disease upon the kidneys. This may go on until the kidneys are seriously damaged, and years afterward some cold is taken, or as a result of some other cause, too much work is thrown upon the kidney and we have sudden development of the symptoms, but they come without any remonstrance on the part of the system. The symptoms establish themselves without any shock. The disease is recognized and referred to some recent cause, whereas its beginning may date back some fifteen or twenty years. I think that it is more likely that scarlet fever occurring in a boy of fourteen would be followed by renal involvement, than when the disease occurs in a young child. It is hard work to keep a boy of fourteen quiet during the convalescence of scarlet fever, until all danger of affection of the kidney is past, and I have no doubt that this lad, as soon as the process of desquamation was over, was allowed to go about as usual. Nothing but repeated examinations of the urine at intervals for several months would convince me that there were no sequelæ. I am sure that neither in this case nor in most cases of scarlet fever does the physician take sufficient pains to make these examinations.

I think it is not at all improbable that in this case, the renal disease dates back to the attack of scarlet fever at the age of fourteen. The kidneys

left in a vulnerable condition by the disease, have been subjected to congestion after congestion, as a result of exposure or of moderate drinking, or other cause, until disease has become fixed upon them. This has gone on in an insidious way until finally symptoms appear, which show that the kidneys are the seat of serious disease. The casts which are found are those which are seen in an advanced stage of the disease and are what are found in a mixed case of chronic catarrhal and cirrhotic kidney.

The prognosis in this case must be guarded. The treatment of the case is not that of a passing congestion of the kidneys, but should be based on the fact that there is already serious disease of the kidneys. I should recommend that he come into the hospital and remain for a length of time. As the hour has expired, I shall not be able to discuss this case further, but the points which I have mentioned with reference to the influence of scarlet fever in the production of renal diseases, and the necessity for frequent examinations of the urine continued over a long period, are of the greatest practical importance.

#### ORIGINAL COMMUNICATIONS.

##### MASSAGE IN THE TREATMENT OF SKIN DISEASES.

BY JOHN V. SHOEMAKER, A.M., M.D.  
Professor of Skin and Venereal Diseases in the  
Medico-Chirurgical College and Hospital,  
Philadelphia, Penna. Physician to  
the Philadelphia Hospital for Dis-  
eases of the Skin, etc., etc.

**A**S Dr. William Murrell, of London, remarks in his excellent little handbook "On Massage," this mode of local treatment is by no means new, and yet it is but poorly understood and practised by many so-called *massieurs*. This can hardly be due to a lack of pertinent literature, for at the present time the profession is being pelted with works on the subject, and everybody talks about it; the more intelligent, with the greater faith. The trouble is undoubtedly that massage is regarded as a mere instrument, the use of which can be learned at sight, not—as it is—a delicate piece of mechanism whose management requires a large

amount of skill and experience. As a certain French writer says: "All kinds of massage are manipulation, but all kinds of manipulation are not massage." Before recommending this mode of treatment then, I desire to say that by massage I mean the professional art; not mere random rubbing, which in many cases is absolutely futile, if it does not do actual harm.

The question may be asked, how massage effects the end we seek to accomplish. The explanation is both simple and natural. In diseased conditions, besides a sluggish circulation and secretion, and exhausted nerve energy, we have a contingent condition of the tissues in which the cell walls become dense by reason of accumulated deposits. Hypertrophy ensues; the cell contents are cut off from their blood supply and nerve stimulus. Massage, besides exciting capillary circulation and developing nerve energy, mechanically breaks down the walls of the cells and renders the access of nutriment easy and direct.

The application of massage to the treatment of skin diseases is a comparatively recent development of dermatology. But in view of the important functions performed by the skin and its intimate relation to the health and beauty of the body, it seems rather surprising that a possible benefit thereto by the use of massage, has not been earlier considered. In August, 1884, it was my privilege to read before the Section of Dermatology and Syphilis of the Eighth International Medical Congress at Copenhagen, a paper on "The Treatment of Diseases of the Skin by Novel Means and Methods," in which I advocated massage in various cutaneous affections. This paper was an elaboration of the theme I had previously introduced before the American Medical Association in September, 1883 ("Mechanical Remedies in the Treatment of Skin Diseases."—*Vide Medical Bulletin*, Sept., 1883). In the latter article, I gave some directions as to the practice of massage, and I will not repeat them here, as my readers have probably access to the works of authorities on the subject, or they can at their pleasure consult the article referred to.

In regard to the use of massage, I will say that the results obtained early in my dermatological practice have been confirmed by repeated trials, until I now regard it as one of the most helpful agents at my command. In the dry and scaly forms of seborrhea, in thinning and loss of the hair, *gentle* massage is of great advantage by restoring a perfect capillary circulation, promoting absorption and imparting a healthy tone to the tissues. In case of induced acne and glandular swellings, it relieves congestion and opens the clogged absorbents, thereby destroying the troublesome lesions and rendering the skin soft and elastic. Carried still deeper, massage is very useful in removing stubborn constipation, together with gastric and intestinal disorders, which are a cause of many skin diseases such as acne, rosacea, hyperhidrosis, seborrhea, urticaria and eczema. Excess or deficiency of pigment may often be removed by massage, which promotes absorption and restores a healthy activity in the skin. There is nothing better to remove surfc and sebaceous deposits. The testimony seems to be that it increases the number of red blood corpuscles, and is a valuable adjuvant in promoting oxidation in psoriasis and scrofuloderma. In subacute and chronic eczema it may be used with advantage. In the treatment of the various forms of this affection I have found massage especially efficacious and can recommend it as an excellent agent to control the intense itching. It acts either as a sedative or counter-irritant, according as it is applied gently or powerfully. Neuroses like neuralgia, perverted sensibility, and trophic disturbances of the skin, may be greatly relieved by massage.

There are many cases of marked infiltration of the skin, in which medication seems utterly ineffectual. The skin is dry, rough, thickened and leathery, having apparently lost completely its functional activity. Such cases will often yield to massage, when all other means fail. On the other hand, exudations and inflammatory products are eliminated by massage. For promoting restful sleep, which is so important in the preservation of healthy cutaneous action, massage is valuable.

Summing up the results of my experience, I may say that, if applied with skill and discretion, there are few cases in which massage can fail to do good and still fewer in which it may do harm.

As a precautionary measure, let me suggest, however, that the part to be treated be perfectly exposed and at ease, so that the best effects of manipulation may be obtained. Also, before operating, have any hair that may cover the surface well shaved off, as it may interfere with the movements and cause a serious irritation. If massage is to be carried on without the personal supervision of the physician, great care should be taken to direct the application with great minuteness. You do not want the patient pummelled by a quack "rubber" or pounded black and blue by zealous but inexperienced friends. Massage of the skin should be a *crescendo* movement, beginning with a gentle half-caressing touch of the hand and increasing in force and frequency as adapted to each individual case.

In conclusion, I would say that when there is no special lesion of the skin and it is only desired to enhance the beauty of its texture, its fairness, softness and elasticity, there is no agent so powerful as massage. The well-recognized benefits of friction with a coarse towel are feeble imitations of the results of skilled massage. We are told that Ninon de L'Enclos, who had lovers when she was sixty, preserved the perfect beauty of her skin by brushing it every night with a stiff brush.

---

#### PEPSIN TESTS, OPTICAL ILLUSIONS AND ENDORSEMENTS.

BY M. B. MANWARING.

THE usefulness of pepsin is to-day not a matter of conjecture based upon hypothesis or even external tests, but rather is its therapeutic value a fixed fact established by its use within the secret archives of the human stomach.

This ferment is not limited in its use to internal administration, but in solution it has found work to do amidst tumors and fibrous or muscular growth; it has cleansed wounds and removed unhealthy discharges; it has operated alone and in combination as a local

throat application for the solution of false membranes of croup and diphtheria; it has been found indispensable in feeding per rectum, in all cases where the stomach itself could not digest the food, as in gastric cancer, gastric ulcer, etc.; dissolved in glycerin it has been found a solvent in scaly diseases of the skin, and also in such diseases as are produced by epiphytes, and for freckles, warts and moles. Its use in solution injected into the bladder to dissolve and remove albuminous matters is especially important. Pepsin has merited the name of "a true tonic" in that it rests instead of stimulates to action the weak and tired stomach. It is a valued friend in cases of convalescence from all organic diseases and functional disorders. We need but merely mention its uses as a stimulant in fevers, pneumonia, phthisis, marasmus, etc., and as a corrective and helpful vehicle in diarrhoea, dysentery, cholera infantum, sea-sickness, excessive use of alcoholic stimulants, etc., etc.

Given a good article, success in the use of pepsin often depends largely upon sound judgment on the part of the practitioner, as the ferment comes under biological rather than chemical laws, and is therefore extremely sensitive in its relations. But given a poor article, and the exercise of the best judgment returns disappointment and loss of confidence in the efficacy of all preparations of pepsin. In the majority of cases the physician can judge somewhat of the quality of a medicine by its odor, taste and general appearance; but no judgment whatever can be formed of the digestive power of a pepsin by any means short of actual test, either therapeutically or by artificial digestion; and, unfortunately, both these general methods very frequently fall short of certainty and precision. As manufacturers of pepsin are no exception to the rule that advertisers generally "draw a long bow" and miss their aim, as they deal only with the superlative, the unparalleled, the *ne plus ultra*, the physician stands in the midst of unreasonable, irreconcileable and conflicting claims. Varied, ingenious and persistent are the attempts of manufacturers to carry conviction to the incredulous mind of the physician that certain goods are the

best; and, to make the contrast stronger, the plan is frequently adopted of attempting to show by fair as well as unfair means that other goods are greatly inferior or altogether worthless. The constantly tormented doctors have reached a point where ordinary advertisements have but little influence; but a strong hold upon their confidence is apt to be gained when advertisers succeed in getting the co-operation and support of those physicians, "in good and regular standing," who are induced to inadvertently thus lend themselves to the advertiser's financial advantage, but their own disadvantage.

Dr. E. R. Squibb's comments on this point and on this very subject of pepsin are so pertinent, that we cannot forbear quoting from him. (See "The Proceedings of the Medical Society of the County of Kings, for May, 1888"): "It is hazardous to the best interests of both the science and the art of medicine for medical men, either individually or through their organizations, to publish anything that can be used to advertise individual or proprietary specialties for business purposes." \* \* \* \* "Those whose names and papers are so used become at once special partners in business enterprises or endorsers of speculative business paper; and if this fact could but be recognized by all readers of such names, papers and advertisements, the risk of harm would be much less. But, unfortunately, the relation is not generally recognized in the medical profession, though very promptly recognized and utilized by the mercantile or trade interest involved. Hence, when the medical man joins the business man in extending the profits of his business, the medical man necessarily joins in the risks and liabilities of the business, and loses in reputation and professional tone and dignity all that the business man gains by him. What the medical man expects and hopes to gain, by lending his name and influence, is a good specialty for the use and benefit of his profession at large. And in his hope and through his enthusiasm he disregards the experience of both past and present time throughout which fallacies and quackeries have passed and are passing into disuse, despite the physician's certificates and endorsements, and

so-called experience in their use, dragging down with them the names of their endorsers. The business man, however, does not go down with his wares and his doctors' names, but having harvested his profits, invests a part of them in new enterprises." \* \* \* \* "The statements themselves, in the abstract letter, may be truthful—at least in the sense of being believed by those who make them—and yet the purposes with which they are given, and the uses to which they are put, make them generally untruthful and hazardous. Leaving out of consideration that small proportion of the medical profession which purposely lends itself outright to the making and advertising of specialties as a business, the main cause of the evil is, perhaps, that physicians will accept any testimony as evidence, and thus allow themselves to act upon insufficient grounds. For example, if a physician testifies to a special make of pepsin, there are several prominent reasons why his testimony may not be safe as evidence. First, if his testimony be definite and florid enough to be of much value to the manufacturer, it is almost impossible that it should be accurate enough to be accepted as evidence. He cannot be sure that the sample tested accurately represents the whole product of the maker. He cannot be sure of his methods and conditions of testing, without a carefulness and thoroughness of research and observation which is rarely attempted in such cases, because rarely considered necessary; and finally, he cannot be sure that the article, at his time of testing or using, is of the same quality as it will be in the future, when his testimony and endorsement is used for it. The testimony remains unchanged; but, admitting it to be accurately true and just, the substance endorsed may change indefinitely." \* \* \* \*

By the ordinary method of testing the power of pepsins—very indefinitely expressed in the last U. S. Pharmacopoeia—apparently slight variations in the conditions largely modify results. So pronounced is this fact, that not only will tests of given samples often greatly vary in the hands of different operators, but frequently the same variation obtains when tests of any given sample are repeated by the same opera-

tor. The reason of this is largely due to the impossibility of complete control of conditions, and oftentimes to imperfect observance of such conditions as can and ought to be controlled. For instance: one operator will undertake to test pepsins at a temperature of 100° to 105° Fahr., and through carelessness, or by too frequent and too long removal of the test bottles from the bath to agitate their contents, the temperature may be held several degrees lower than intended. On the other hand, another operator may be more watchful and more careful every way, and in reality maintain the temperature nearer 105° than 100°, during the whole time of the test. These two operators believe that their tests are duplicates, while the difference in temperature may amount to perhaps 9°—apparently a trifling matter. Now what are the observed facts? Prof. Schaffer found that one grain of a pepsin held in contact with coagulated albumen in water and acid at 75° Fahr. for eighteen hours, dissolved 400 grains of the albumen, while the same pepsin exposed for only six hours at 105° dissolved 500 grains. A. Petit notes: "The same pepsin is about four times less active at 104° than at 122° Fahr." —a difference of 18°. The 9° difference then, in the supposed case, is alone sufficient to account for very variable results obtained by different operators, even if all other conditions were the same for both, which is impossible.

While modifying conditions are to a considerable extent well understood, especially by experts, there are some others not so generally received, of which we will present a few examples: It appears self-evident that if several pepsins are tested simultaneously, the comparison at least must be correct, because the conditions are apparently alike for all, however much they may vary from the ideal. This would be logical if the pepsins were all of equal power, but this not being the case there enters a disturbing condition that necessarily cannot apply equally to all, and which sometimes renders results entirely worthless. In proportion as pepton is formed by the action of pepsin on albumen, true digestion proceeds less

rapidly; and when a sufficient percentage of pepton is present, digestion is entirely suspended. If, therefore, the proportion of water is insufficient to allow full action of a powerful or concentrated pepsin tested side by side with an equal quantity of an inferior pepsin or of the saccharated form, it is evident that long before the tests are completed the action of the stronger pepsin ceases, while the weaker article continues action perhaps to the end, and even after the source of heat is withdrawn, and results appear to prove but little if any difference between the samples tested.

Again, two pepsins tested at the same time, under the same conditions so far as they can be controlled, results showing one to have dissolved perhaps much more albumen than the other; another operator testing the same pepsins—even from the same bottles—finds the comparative values exactly reversed. Upon investigation we find that for one comparative test the eggs (as the source of albumen) had been in boiling water say fifteen minutes, while for the other but five minutes.

Again, one pepsin appears to act with greater speed than another during the first hour or two, while the latter may be much more active towards the end of the process. If, under these circumstances, the time allowed for one comparative test is, say three hours, and for another six hours, results are likely to contradict each other.

But the most important point, entirely overlooked by the official method, is the distinction that ought to be made between the *dissolving* and the *peptizing* power of pepsin. The dilute hydrochloric acid alone dissolves much of the albumen, forming principally syntonin and myosin, and these together with the intermediate grades and bye-products between the proteid and the end product of true digestion, viz., pepton, are all unscientifically lumped together as indicating the digestive power of a pepsin. It is admitted that the common mode of testing pepsins if carefully done, serves very well for rough work, when time is limited, provided the operator draws his deductions either from quantitative estimations of the proportion of albumen dissolved,

or from inspection of the residual coagulated albumen, noting the varying degrees of translucency of the remaining albumen which has been partially acted upon, though not being thereby reduced in volume, but on the contrary, swollen so as to have increased in volume. But when such a mode is set forth as scientific, or results thus obtained are held out as demonstration of comparative values of pepsins, we have the strongest reasons to protest, and feel well sustained in our opinion by those who have made this matter the subject of careful investigation.

While we hold to the fact that it is the peptonizing power of a pepsin that the physician wants, and believe that the "Kremel test" furnishes an accurate method of making the required quantitative determination, we are not yet satisfied that the conditions under which the pepsin is allowed to act are any nearer perfect, or under any better control, than in the case of the ordinary or official method. While finding a considerable difference between the peptonizing power of one pepsin as compared with another, Prof. Stebbins found but little difference between the first two and the sixth, in the list given,<sup>1</sup> when the tests were made in the ordinary way, and the results judged of by the eye alone, and the difference found did not at all accord with those obtained by the "Kremel test."

A firm, engaged in the preparation of digestive ferments, has lately ingeniously and boldly attempted to convince the profession of the superiority of their own make of pepsin, and by contrast to show the great inferiority of several other brands, by the aid of photography and drawings therefrom, the tests from which the photographs were taken having been made in the usual manner by persons of at least good standing, if they are not experts in the case. While we would not question the integrity of those who have thus aided the advertiser, we have attempted to show a few of the reasons why the method of test adopted falls short of the demonstration claimed. Upon comparing the cuts presented by the advertiser, one is impressed

<sup>1</sup> See page 546, preceding number.

with their wonderful agreement, as also the apparent value of one brand as compared with the worthlessness of all the others. On inspecting the original photograph of one of the test series, we find that the corresponding drawing has been pretty accurately made, the photograph *apparently* showing that the original quantity of albumen had practically remained undiminished in all the tests except that of the advertiser's pepsin—as shown by one bottle of the series containing the given quantity of coagulated albumen, but without pepsin. The reason of this illusion is, that the albumen of all the tests photographed equally white and opaque, and therefore it presents the same appearance in the photograph as the albumen which was without pepsin, so that the eye naturally takes into consideration only the relative heights without at all considering that the remaining gelatinous and translucent albumen bears no likeness to what it was originally.

This attempt to impose on the profession—whether intentionally or otherwise, does not alter the fact that it is an imposition—is similar in character, though different in method, to that undertaken some years ago to prove to the profession the great superiority of a certain brand of pepsin, and at the same time show that other pepsins were very inferior. In this case the tests of sixteen different pepsins *apparently* showed to the eye that the one brand referred to was, on an average, more than ten times better than the other fifteen. But Dr. Squibb proved by a thorough investigation the utter fallacy of the method, and that those pepsins which tested by this method appeared of very low value, were really fully equal to the particular brand referred to when tested quantitatively by digestion.

While there has been proposed a number of methods of testing the digestive strength of pepsin, there appear to be serious imperfections in them all, the recognition of which is an important step towards reaching a reliable method.

THE Emperor of Germany died June 15, at 11 A.M.

## TRANSLATIONS.

### A DISINFECTANT MIXTURE.

**D**R. ERNEST LAPLACE, of New Orleans, as a result of a series of experiments performed at the Hygienisches Institute in Berlin, recommends a mixture of equal parts of commercial sulphuric acid and crude (25 per cent.) carbolic acid in solution as a disinfectant. His procedure consisted in taking 5 cem. of commercial sulphuric acid and 5 cem. of crude (25 per cent.) carbolic acid and mixing; the mixture was well shaken, heated and then allowed to cool. The mixture was then found to be of a black, homogeneous, syrupy-like consistence, and dissolved easily and quickly in water.

His experiments as to the disinfecting qualities of this mixture were conducted by the aid of anthrax spores after the usual laboratory methods, and he gives the following table of results:

Equal parts of commercial sulphuric acid and crude carbolic acid.

Anthrax spores.

Concentration of } Length of time of the spores  
the sol. in water. } in the disinfecting solution.

	1	2	3	5	8	20	24	48	72	96	hrs.
4 %	+	+	+	+	+	+	+	*	0	0	
2 %	+	+	+	+	+	+	+	*	0		
1 %	+	+	+	+	+	+	+	+	+		
1/2 %	+	+	+	+	+	+	+	+	+		

= growth.      0 = no growth.

\* = retarded growth.

or, according to the table, the anthrax spores were destroyed in 48 hours by a 4 per cent. solution, and in 72 hours by a 2 per cent. solution.

Laplace calls attention to the fact that a 2 per cent. solution of pure carbolic acid has no influence whatever upon anthrax spores, and that the recent much praised creolin in 2 per cent. solution does not destroy them.—*Deutsche Medicinische Wochenschrift.*

CONTUSION OF THE SCROTUM, WITH HERNIA OF THE TESTICLES.—A boy 14 years of age had a fall; the wheel of a cart passed over his body, lacerating the scrotum so that the testicles protruded; one being naked, the other covered by the tunica vaginalis. M. Auriol washed the testicles and proceeded to replace them. This proved very difficult in the case of the naked

testicle. An antiseptic dressing was applied, with favorable results. The reduction and retention of the last testicle were so difficult that M. Auriol was obliged to fasten the organ to the skin by transfixing both with a pin.

—*La France Méd.*

**HYPERCHLORHYDRIA AND GASTRIC ATONY.**—Last January M. Germain Sée called attention to the importance of studying dyspepsias chemically and ascertaining the proportion of hydrochloric acid contained in the gastric juice. He indicated as the best reagent the phloroglucine vanilline. To-day he communicates interesting remarks upon dilatation of the stomach with hyperchlorhydria. Instead of 1.5 parts per 1000, the proportion of hydrochloric acid was raised to 3, 4, or even 5 parts in 1000 of gastric juice, in thirteen cases of dilatation.

This exaggerated acidity explained the painful spasms of which the patients complained, as well as the burning sensations, the false hunger, which occurred four or five hours after meals.

M. Sée insists upon the necessity of chemical investigation for differentiating and treating gastric and intestinal affections.

The alkalinization of the gastric juice ought to precede all other treatment in these cases; but it does not answer to prescribe soda carelessly; the bicarbonate should be given four or five hours after meals, as this is the only time when it can be of use. The diet should be of light food, especially eggs; it is unnecessary to resort to milk. Legumes, green or dry, bring back the pains. For a beverage M. Sée recommends tepid tea, taken in notable quantity.—*Le Progrès Méd.*

**CHRONIC SUPPURATION OF THE EAR.**—Dr. Dayton, in an article in the *Archives of Otology*, Dec., 1886, calls attention to the necessity of treatment of nasopharyngeal diseases in connection with medication of the tympanum in chronic suppuration, and says: "It is to be feared that the process of repair in an exposed tympanum is, in the tedious and frequently empirical method of treatment, often forgotten. Cleanliness, to maintain drainage, is indispensable; but checking a discharge is not sufficient.

## NOTES OF HOSPITAL PRACTICE.

### JEFFERSON MEDICAL COLLEGE HOSPITAL. SURGICAL CLINIC HELD BY J. M. BARTON, M.D.

Reported for the MEDICAL TIMES.

#### STRANGULATED HERNIA; REDUCTION.

This man, John H., aged 85 years, came here in great pain while the last operation was being performed; he has a strangulated left inguinal hernia about the size of a lemon, of only one hour's duration. As he is in great pain, we will start the ether at once.

The same individual came here about a year ago, with a strangulated right inguinal hernia. It also had only been down for an hour, and with it also he had intense agony. I happened to be in the hospital at the time of his arrival, and had him immediately etherized; but tried in vain to reduce it. I then cut down upon the parts and exposed the bowel, which was already discolored by the tight constriction at the ring. It was only after a very free division of the ring that I was able even then to reduce it. I then excised the hernial sac, and sewed it up with catgut. You heard him say, previous to the administration of ether, that the hernia on the right side has never appeared since the operation.

He is now fully under ether, and I shall attempt the reduction of the hernia on the left side. I flex the thigh upon the abdomen, and press it gently toward the median line to relax the ring. While the leg is held in this position by an assistant, I grasp the hernia and gently draw upon it, as though to bring more of it down; with the fingers of the other hand, I lessen its diameter at the neck and then try to reduce a portion. It is very tight, and fails to return to the abdomen. I readjust the position of the leg and try again, always very gently, for great force used here would be apt to do more damage than the operation of herniotomy. After repeated trials, some of the bowel returns to the abdominal cavity, and gradually more and more, until now there is none in the scrotum; it is all reduced. I invaginate the scrotum and carry my finger through the ring, to be certain that it is entirely clear. A

large compress is placed over the ring and kept there by a spica bandage, to prevent the hernia redescending.

Some morphine will be given hypodermically, and if, after forty-eight hours, no symptoms of peritonitis appear, he will be discharged and directed to procure a well fitting truss.

If I had not succeeded in reducing this hernia, I should have operated at once. The danger of operation, in these days of antiseptic surgery, is very little if performed early, but every hour of delay adds greatly to the risk.

*STRICTURE OF TWELVE YEARS DURATION, RUPTURE OF URETHRA, EXTRAVASATION OF URINE, FREE INCISIONS AND PERINEAL SECTION.*

Robt. R., aged 32 years, was brought to the hospital late last night, with a history of a chronic urethral discharge. Twelve years ago a stricture was recognized, and some years later dilated, but the patient neglected to use the bougie afterwards, though he had been instructed to do so. The stricture contracted until the stream of urine became very small, he being often able to void it only drop by drop, and with great straining.

One of these attacks occurred a few days ago, and was followed by great pain and swelling in the perineum and scrotum. The scrotum is now at least ten times its natural size and is greatly discolored; the penis is also oedematous and many times its normal size. The patient has had severe chills, his temperature is now  $104^{\circ}$ , he is unable to pass any water, and his bladder is distended.

While his stricture was contracting, he was forcing the water through it by a strong effort; this caused a dilatation of the urethra, with thinning of its walls, back of the stricture. Until at this last attack, his violent straining caused a rupture of the thinned urethra and the urine was extravasated into the subcutaneous tissues of the scrotum and penis.

You notice that the posterior portion of the perineum and the thighs are free from swelling and discoloration; this indicates that the rupture has taken place in front of the triangular ligament. If it had taken place behind that ligament, the swelling would have occurred in the posterior portion of the

perineum, and the urine would have burrowed deeply around the bladder, prostate and rectum, forming deep and dangerous pelvic abscesses.

A partial rupture occasionally takes place, the mucous membrane is ruptured, but the strong fascia around it, known as Buck's fascia, remains intact. Under these circumstances only a small and circumscribed swelling takes place, and it may remain in this condition for weeks or months.

Portions of this patient's penis and scrotum are already in a sloughing condition, and unless the decomposing urine confined in the cellular tissue is permitted to freely escape, much of this infiltrated tissue will probably slough. There is great danger to life, as the patient's appearance, his temperature and other symptoms denote an already existing septicæmia.

I draw my knife freely through the most discolored portions, making deep incisions, each several inches in length, the penis also receives similar treatment. This oedematous foreskin distended and curled up, completely hides the head of the penis; and as I wish to explore the urethra, I shall make one of the incisions the same as that in the operation for phimosis. I now introduce a bougie and find a stricture which is readily dilatable.

In order to prevent further infiltration of urine, I shall make a new channel for it by opening the urethra in the perineum, and as this bougie is in the bladder it will serve as a guide. I make a median incision upon it, just in front of the anus, striking the membranous portion of the urethra. The wound is now enlarged with the knife, until I can readily carry my finger into the bladder.

The urine will now drain directly from the bladder as fast as it is secreted, and will be received upon a draw sheet placed under the patient. This is most conveniently arranged by folding a sheet into a long strip, about a foot wide and the entire length of the sheet. This is rolled up, and one end placed under the buttocks of the patient. As fast as it becomes wet it is passed along and rolled up on the other side of the patient, and the clean portion unrolled. Some simple ointment is

placed upon the buttocks to prevent the irritating urine producing bed sores. The patient will be given full doses of quinia and whisky and concentrated nourishment.

He will soon regain control of his bladder. In two or three days the water will probably all be passed by distinct acts of micturition, every three or four hours; the urine passing through the wound and it will continue to do so for several weeks.

When cystotomy is performed to rest an inflamed bladder, it is necessary to make free lateral incisions into the prostate to prevent the patient too soon regaining control of the bladder; as when the operation is performed for this purpose, we wish the urine to drain away from the bladder, as fast as it is secreted for several weeks.

Note by reporter, on inquiry ten days after the operation, I find that all the cases reported have done well. The wound made in excising the ribs has healed, and the empyemic cavity has already decreased in size. The patient with strangulated hernia had no bad symptoms and was discharged cured two days after the reduction. The temperature of patient with the ruptured urethra, which had been 104° previous to operation, dropped by the next day to 100° and the day following to normal, and has remained under 100°. The wounds are nearly healed, except that in the perineum, which still remains open, and through which the urine is passed every few hours.

#### PHILADELPHIA HOSPITAL.

CEREBRO-SPINAL MENINGITIS. (*Tyson*.) He showed the brain from a case that had died of cerebro-spinal meningitis a few days before. He thought the case was not tuberculous, but a microscopical examination had not yet been made.

The membranes on the convex surface of the brain presented no abnormal appearance; but on the under surface, in addition to considerable pus and lymph, the pia mater was inflamed and thickened over the pons Varolii, optic chiasm and adjacent parts; the opposing surfaces of the same membrane in the fissure of Sylvius were glued together; and the lateral ventricles contained ten grammes of a lym-

phatic fluid. Besides this, the spinal cord was at several points much softened.

STROPHANTHUS.—With regard to strophanthus, Prof. Frazer claims that it is a better diuretic than digitalis, because the latter contracts the arterioles. Tyson thinks that clinical experience does not bear out this theoretical objection to digitalis. He considers it the better diuretic of the two; but strophanthus a good second.

SCURVY. (*Henry*.)—A few days ago there were five cases of scurvy in the Hospital. They were Italians, all from the same place, and all had doubtless lived under the same conditions: poor food, bad hygiene and the like. Two of the cases were shown at the clinic. The blood of these had been examined when they were first admitted; and in the first the corpuscles were found to number 2,700,000 per cu. mm., with thirty per cent. of coloring matter; and the blood of the second yielded 1,900,000 corpuscles per cu. mm. They were rapidly improving under treatment.

PERCENTAGE OF ALBUMEN IN URINE.—There is so much misunderstanding with regard to the percentage of albumen in a given urine, that a word on that subject may not be amiss. In one of our colleges some time ago a lecturer on genito-urinary diseases, referring to the common error of saying that there was 20, 25, or 50 per cent. of albumen in this or that specimen, remarked that the largest percentage of albumen ever recorded was 5.5 per cent. Shortly afterward a professor in the same institution, speaking of a urine he was examining, said there was only a small percentage of albumen, say 5 per cent. or so.

A few days since a lecturer in the Philadelphia Hospital asserted that the largest percentage ever found was 2.5 per cent. In looking at the specimen, the amount of coagulated material may appear to be one-fourth or even one-half the contents of the test-tube, but the percentage is in reality comparatively small. The truth of the matter is, we believe, that 5.6 per cent. is the largest amount of albumen heretofore discovered.

**ABORTIVE TYPHOID.** (*Wilson.*)—Man of 25 ; brought in on 1st of May for acute alcoholism ; remained in drunk ward till 10th of May, when the resident, noticing that the delirium was of a peculiar character and the temperature high, had him removed to another ward. A few days afterward when the patient was shown at the clinic he exhibited all the well-marked signs of typhoid fever, except one—his temperature was normal. The man was supposed to be now at the end of the second week.

There had been no apparent hemorrhage to account for the temperature ; nor could there have been a masked hemorrhage, for in that case some part of the hitherto tympanitic abdomen would give dulness ; and, also, coincident with the hemorrhage, there would be a clearing up of the patient's mind, though as a rule only temporarily.

So far the case was inexplicable ; but a few days further observation showed it to be a case of abortive typhoid, such as is common in France and Germany, but is not often seen in this country.

**DANGER FROM ANTIPYRINE.**—In a case of tubercular phthisis complicated with pneumonia, a gramme of antipyrine was given in divided doses, in order to reduce a dangerously high temperature. The temperature fell rapidly about  $4^{\circ}$  ; but the fall was accompanied by profuse sweating and tendency to collapse, so that active stimulation was needed to tide over the depression.

Dr. Wilson regards the modern antipyretics as potent remedies, requiring caution in their administration, and though often useful, yet occasionally very dangerous.

**SPONTANEOUS RUPTURE OF THE SPLEEN.** (*Henry.*)—A strongly built young man of twenty-one exhibited all the symptoms of typhoid fever, but in a mild way. Apparently he was passing easily through the disease to a certain recovery ; when, on the night of the 18th day he suddenly went into collapse and died in a few hours. Of course perforation of the bowel was suspected, but at the *post mortem* no perforation could be found ; indeed, there were comparatively few of Peyer's patches involved,

and the ulceration in these was at no place deep. Several ounces of blood were found in the peritoneal cavity, however, and its presence was accounted for by a rupture of the spleen at the lower border ; a rupture of an irregularly circular shape, about three inches in diameter. The spleen was nearly twice the normal size, soft, friable and greatly congested.

**FISSURED NIPPLES.** (*Parish.*)—One of the worst things for fissured nipples is rubbing them and also the breasts ; abscesses are likely to follow.

He likes nitrate of lead, gr. x to the  $\frac{3}{4}$  of water, twice a day. Keep the nipples clean ; and after washing them, an application of oil of theobroma is soothing.

**MEDICO-CHIRURGICAL HOSPITAL.** Patients are generally very grateful for little attentions to their personal comfort, and the physician who recognizes this and acts accordingly will not find his practice hurt thereby.

There are few people who can receive on the bulbar conjunctiva, without a shudder, a cold drop of atropia, boric acid or the like ; but try this way : Let the patient hold his head back and close his eye ; then put a drop or two of the solution into the inner angle of the eye ; tell him gradually to open the lids and turn his head outward. The solution will insinuate itself into his eye, almost without his being aware of it.

—*Pancoast.*

**CHOOSING A TONGUE DEPRESSOR.**—A tongue depressor with an oval opening in it is much better than one made solid. The small part of the tongue that presses through the opening does not obstruct your view, but the same amount bulging up at the sides hides considerable that would otherwise be seen.

—*Barton.*

**OPERATING ON THE LARYNX.**—If you wish to perform a small operation on the larynx—remove a slight growth, for instance—of a patient whose throat muscles go into a spasm the moment his larynx is touched, and thus spoil the whole performance, the best way to do is gradually to accustom the throat to instrumentation. Six or seven times

a day let the patient oil his index finger, and, having passed it back, raise the epiglottis. Once a day put your instruments in his throat and simply touch the larynx, though you may not get so far the first time. After a few days the throat will have become so accustomed to instruments that you may easily grasp a tumor or do whatever else you wish.

**ATROPIA IN THE EYES.** (*Keyser.*)—There is considerable prejudice against the use of atropia in the eye, and against myopes generally, on the ground that they have ruined many eyes. There is no danger from using these drugs, provided they are used intelligently. No one ought to put atropia into an eye without first feeling the tension. If there is the slightest indication of glaucoma, then do not use a myopic.

**INHERITED DEFICIENCY OF A TOOTH.**—Dr. Cryer says that he has, among his patients, members of the same family, representing five generations, each lacking the left lower lateral incisor tooth. An interesting feature of this remarkable instance of heredity is that one of the members of the same family has a supernumerary lower incisor.

**FOR SUPERFICIAL NEURALGIAS.**—Here is Garretson's favorite application for superficial neuralgias, especially of the face:

R Aconitini.....	gr. ij
Veratrini.....	gr. iv
Olei tiglii.....	gtt ij
Olei olive.....	3 ij

M. Sig.—Rub over the affected spot thrice daily.

**Shoemaker.**—Eczema is the most common skin disease, and is often a very obstinate trouble to cure; so one cannot have too many remedies and combinations at hand. For a case of pustular eczema on the leg, the result of a burn, he gave—

R Olei morrhœ.....	3 iv
Olei cadini.....	3 ss
Zinci carbonatis impuri .....	3 ss.

M. Unguentum.

There was here considerable loss of tissue, and, for restoring the upper layers of the skin, turpentine is of good service. Internally, then, gr.  $\frac{1}{2}$ , Venice turpentine three times a day.

**SEBORRHœA OLEOSA.**—This oily form of seborrhœa is rather frequent in women, and, when it affects the face, giving a shiny, greasy appearance, it is the cause of much annoyance and considerable disfigurement. All alcoholic stimulants should be absolutely interdicted. Here is a good preparation to act on the sebaceous glands:

R Aloini.....	gr. iij
Zinci oxidι.....	gr. v
Capsici .....	gr. x
Extracti gentianæ.....	gr. l. M.
Ft. pil. in numero xxv.	

S.—Take one four times a day.  
He also gave this application:

R Thymolis.....	gr. ij
Chloral hydratι.....	gr. xx
Acidi borici.....	3 j
Hamamelis dest.....	3 j. M.

**MUCOUS PATCHES.** (*Mc Connell.*)—The reason we find mucous patches in the mouth and pharynx in syphilis is, because the lymphatics are here more superficial than at any other place in the body except the glans-penis.

Any irritation, especially smoking, is likely to produce these patches, much to the patient's annoyance. For this reason smoking should be prohibited during treatment.

**CHANROID.**—This is a self-limited specific ulcer, of three stages: 1st, of advancement; 2d, the stationary stage; and 3d, the stage of resolution.

Do not burn this ulcer. As a rule you fail to reach the specific virus at some little pocket or point, and so you merely increase the sloughing area. In the majority of cases this treatment will be sufficient: First, with a little cotton on a match, let him mop off the purulent matter on the ulcer. Tell him then thoroughly to cleanse the sore by sponging it with salt water, and afterward with tepid water. Now let him apply to the chanroid cotton saturated with black wash—gr. v calomel to 3j lime-water, and retain the cotton in place by a bandage.

Perhaps you may need in some cases a little greater stimulation; if so, one part of alcohol to six parts of water is usually enough. But if still more stimulation is needed, I use this modification of the yellow wash: Hydrag. chlor. cor., gr. j, to lime-water 3ij.

Never put an ointment on a sore that is under the prepuce; there will almost

certainly be decomposition of the ointment, causing an eruption of some kind, eczema for instance. Here is a good ointment, if you prefer one to a wash:

B. Unguenti hydrarg. nitratis .....	3j
Adipis benzoati .....	3j

I never use iodoform, for the simple reason that its infamous odor "gives the patient away."

A few days ago a well-dressed, gentlemanly-looking young man got into a street-car, in which I was; and almost as soon as he entered my nose told me what was probably the matter.

**OVARIAN TROUBLE.** (*Woodbury.*)—A diagnosis of ovarian trouble may sometimes be made out simply by the presence of a growth of hair on the face; as it is well known that a close relation exists between the ovaries and the growth of hair.

**ILLUSIONS DURING PREGNANCY.**—Women are frequently subject to illusions during the first months of pregnancy. A case is related of a woman who always knew in the early months that she was pregnant by the singular illusion of seeing a cow in the room, jumping over chairs.

#### JEFFERSON COLLEGE.

**EPITHELIOMA OF THE LOWER LIP.** (*Hearn.*)—Epithelioma of the lip is not malignant: that is, if you operate in time. If the growth is removed before there is glandular involvement, you may promise your patient almost certainly that there will be no return.

I have operated on a large number of cases, and this is my experience. But about no other part of the body would I give such assurance.

In the case before you, the cancer has been allowed to go on until there is considerable involvement of the glands of the neck; and, in addition, the patient is old. So, take it all together, I dare not give any promise in this instance.

After allowing him to recuperate from this operation, I shall also take out the enlarged glands.

There is hardly any operation so simple as the removal of an epithelioma from the lip: anybody could do it. And physicians are much to be blamed for allowing these cases to go on, day after day, till it finally becomes too late to save the patient.

**SARCOMA OF AN UNDESCENDED TESTICLE.** (*Hearn.*)—A man of 35; when seven years old, he fell on the edge of a board, which resulted in an inguinal hernia of the left side. The hernia was kept in place by a truss. Six years ago he was struck over the point of rupture, and in a few months he noticed a growth, which increased till it acted the part of a truss, keeping the hernia up.

The skin and fascia, superficial and deep, were incised, exposing a shiny, ellipsoidal shaped growth, which was afterwards found to have a weight of twenty ounces, and dimensions of six inches long, four wide, and two deep. The testicle was covered by the tunica vaginalis and by the other coats common to a testicle in that position. After ligating the spermatic cord, the tumor was removed; and it was then seen that the neoplastic growth had just broken through the coats marking its inferior boundary, and was preparing to make incisions into the surrounding tissues.

The spermatic canal was found to be pervious down to the upper boundary of the scrotum; so a drainage-tube was passed down that far, and then through the skin; after which the wound was closed.

#### ORTHOPÆDIC HOSPITAL.

**NEURITIS FROM AN OLD FRACTURE.** (*Sinkler.*)—Neuritis is not an infrequent sequel of a fracture, especially of a fracture of the fore-arm. The best way to treat a case is with massage by a good masseur. If this cannot be had, advise a liniment applied with much rubbing.

#### JEFFERSON COLLEGE HOSPITAL.

Dr. Rex states that when dyspepsia persists, even when the patient has been put upon soft food, he has had excellent results from a diet of solid food, such as hard-boiled eggs, cut very fine, with four grains of soda bicarb. before meals, and

B. Tr. uncis vomice.....	gtt. xx
Tr. cardamoni comp.....	gtt. xl
Infus. gentianæ comp.....	3j

M.

For constipation Rex prefers the compound extract of colocynth.

Never associate œdema with arterial circulation.

## PHILADELPHIA MEDICAL TIMES.

PHILADELPHIA, JULY 15, 1888.

### EDITORIAL.

#### MEDICAL JOURNALISM AND TRADE JOURNALS.

AT the annual meeting of the Association of American Medical Editors, at Cincinnati, the publication of "Trade Journals" was one of the subjects appointed for discussion. After a free ventilation of the question, it was concluded that the existence of these pseudo-scientific medical periodicals was an evil, demoralizing to the profession and injurious to legitimate medical journalism. This is due to the fact that such journals are not published for the advancement of medical science, or the benefit of the profession, but with the ulterior motive of advancing the selfish interests of some business corporation or firm. That this verdict is just with regard to the periodical advertisements under the form of medical journals issued by some proprietary medicine manufacturers is unfortunately true; such publications are distributed either gratuitously, or for a nominal subscription price, and are probably the only medical journals read by some members of the profession. In other words, they come in the guise of a medical journal, the articles are plausibly written, the scissors are used judiciously, and the subscription price is cheap, very cheap; indeed, it is so cheap that it precludes competition, and in many cases undoubtedly prevents their readers from subscribing to regular media of professional thought. Regular medical journalism, therefore, suffers by not receiving the support to which it is justly entitled while the profession is demoralized by reading the insidious or overt adver-

tisements of nostrums. We note right here that a great advance was made towards curing this evil, when the journal of the American Medical Association was instituted, which is sent free to each member of the Association, to which every reputable member of the profession is entitled to belong and should belong.

While we unsparingly condemn the prostitution of medical literature resulting from the publication of advertising periodicals under the guise of medical journals, we would declare that the crucial test of such publications must always be the character of the publication itself. We do not include in our denunciation such real contributions to medical literature as *The Drugs and Medicines of North America*, *The Index Medicus*, *The Ephemeris*, or *The Therapeutic Gazette*, although they happen to be owned and published by firms engaged in the manufacture and sale of drugs. Such journals do not come within the category of "periodicals devoted to advancing the interests of proprietary medicine manufacturers." On the contrary, they advance legitimate medicine and tend to elevate the profession. On this account we regret exceedingly the intemperate attack made a short time ago, by the editor of another medical journal, upon the *Therapeutic Gazette*, not on the ground that it was inefficiently edited or poorly conducted, but solely because it was published by a medical manufacturing firm instead of by a medical book manufacturing firm. It is evident that the writer of the editorial in question was not familiar with the character of the editors of the *Therapeutic Gazette*, or acquainted with the quality of that journal since they took full charge of it in January, 1885. As it is the only journal in this country devoted to therapeutics, and as it is ably edited by

two members of the Faculty of the Medical Department of the University of Pennsylvania, and as they possess the endorsement of an exceptionally large subscription list, we can only say that the criticism stands disarmed. In our estimation, such attacks tend more to injure their author than the subject of animadversion.

F. W.

**PENNSYLVANIA STATE MEDICAL SOCIETY.—THE FINAL SESSION.\***

**THE LUNACY LAWS.**

The first subject considered was Dr. H. C. Wood's resolution to appoint a committee of three to confer with the State Lunacy Committee; and if in their concurrent opinion any changes are needed in the State lunacy laws, this committee shall represent this body in urging the requisite legislation.

After brief debate, the resolution was adopted.

**QUESTIONS OF ETHICS.**

Dr. Packard offered a resolution setting forth that, in the sense of this body, the American Medical Association may, by a vote, set aside the code of ethics, and other medical societies may do likewise; and it is not in order for a member to call attention to any breach of the code of ethics.

He proceeded to state how he was set down upon yesterday in moving to refer the matter concerning the appointment of a State Board of Medical Examiners to the Judicial Council to decide a question of ethics. He insisted that he had been unjustly treated, and the action was in contravention of law.

Dr. Jackson moved to lay the resolution on the table, after a statement from the President that the action yesterday was apparently unanimously approved by the Society.

**A LITTLE FUN.**

Dr. Wood, of Pittsburgh, created much merriment by reading what he termed the "Hypocritic Oath," a travesty on the "Hippocratic Oath." He suggested that it be referred to the "Committee on Canals and Inland Navigation."

The proposed oath reads: "Having

\* The proceedings of the first three days were published in the Daily Editions of this journal.

been duly elected President of this Society, do you promise to hold the Pennsylvania Medical Society, as it has been held by many illustrious men, as a stepping stone to success, as a round in the ladder of fame, as a lemon to be squeezed, as a lever to raise your hopes, as a block and tackle to exalt your ambition, as a peacock's feather in a jack-daw's tail, as a lion's skin on a sheep, a spur on knighthood's heel, a garter on the leg of a courtier, a medal on the breast of a hero, and a convenient method of advertising your business; and that, as soon as your time expires, you will forever after turn your back on it and ignore it forever. Selah!"

**MANAGEMENT OF THE INSANE.**

Dr. Trail Green offered a resolution, which was adopted, instructing the Committee on Management of Asylums for the Insane to confer with the Legislature in reference to proposed laws of reform.

A discussion ensued on the preparation of the printed report of the Transactions of this Society. Finally, a resolution was adopted, rescinding former action, and hereafter the county reports will be summarized.

On motion of Dr. Corson, the obituary notices were ordered to be resumed.

Dr. Woodbury moved that all papers that are merely advertisements of specialists be excluded; but this was laid on the table. Dr. Parish said he had failed to obtain many papers from rural practitioners.

Dr. Jackson moved that the Recording Secretary be authorized to employ a stenographer to report the proceedings of the next session of this Society. Agreed to.

**THE NEW OFFICERS INSTALLED.**

President Levis thanked the members for their kindness and courtesy, and he retired from the chair, introducing his successor, Dr. Murdock, of Pittsburgh, who in a brief address expressed his heartfelt thanks for the high, unsought and unheralded honor of occupying the office filled by such great and good men as John W. Atlee, Samuel W. Gross, Hiram Corson and others. He assured the members that in Pittsburgh next year they would have a hearty Western welcome from a profes-

sion that is harmonious—something he was sorry he could not say of the profession here. [Applause].

On motion of Professor Traill Green, the thanks of the Society were voted to all the officers, societies and persons who have been instrumental in entertaining the members in this city.

The Society then adjourned to meet at Pittsburgh, May 22, 1889. Then followed a general handshaking, and the hall was in a short time deserted.

---

#### NOTES FROM SPECIAL CORRESPONDENTS.

---

##### LETTER FROM PARIS.

---

###### STERILIZED AIR IN HYDRO-PNEUMOTHORAX

PROFESSOR POTAINE has contributed to the Academy of Medicine an important communication on injections of sterilized air into the pleura, for the treatment of pleuritic effusions after pneumothorax. Dr. Potain presented a patient who had appeared at his hospital service some ten months ago, with a pneumothorax and tubercular lesions of the third degree. To-day he is completely cured of his pneumothorax and does not present the slightest trace of phthisis that can be found, at least by the usual means of exploration. This result was brought about by injections of sterilized air into the pleural sac; a method now brought forward for the first time by the eminent Professor of Medicine of the Paris Faculty, and physician to Charity Hospital, Dr. Potain.

But to return to the patient. He is a man aged twenty-three years. After a rather severe attack of fever, the pleural effusion showed itself, about the eighth day, and increased progressively until it reached the scapula and second rib, about the ninetieth day. Dr. Potain then practised thoracentesis in the usual way, and as fast as the effusion was drawn off, introduced the sterilized air little by little so as to prevent expansion of the lungs. This is the original part of the treatment. Some ten years ago we did not think it was possible to do such a thing, but we know now that air is not dangerous by itself, but by the germs that it holds in

suspension. The air is sterilized by passing it through cotton wadding and through a bottle containing a strong solution of carbolic acid. A manometer is adapted to the apparatus so that the intra-pleural pressure is exactly measured. This first operation was made three months after the primary attack, and as was to be expected, the effusion was repeated; so that in the five months that followed, the operation had to be performed three times. The liquid extracted at first was purulent, but it soon became perfectly odorless, and the bacilli could no longer be found in it. A double canula was used, so that the substitution of sterilized air for the effusion was made in such quantity that the expansion was maintained. Finding at last that there was but little effusion remaining, it was thought best to draw off all and not inject any air, but on doing so the patient complained at once of pain and suffocation. The air was again injected and these symptoms ceased. Soon afterwards the effusion seemed to be altogether absorbed, and the patient is at present in apparently good health. This plan of allowing the lungs to resume their place slowly was found preferable, as no inconvenience was experienced by the patient; who was completely cured, in 288 days in all. Two other patients have also been thus treated by Potain; so that in this method we have a hope for such cases; which, as a rule, are rarely cured. Potain reports eleven cases of pneumothorax, with eight dead and three better, though the three saved were slight cases. Under the old treatment almost none are saved.

Weil, of Heidelberg, reports forty-four lost and two cured, by the old methods. Billroth tried the method of transforming a pneumothorax into a hydro-pneumothorax, by injecting liquids into the cavity, but his patients both died. Other surgeons have had similar results. All have tried to cure the pneumothorax, but according to Potain it is a malady that should not be cured; it will cure itself and is not dangerous. The dangerous element is the pleuritis that accompanies the presence of air in the pleural cavity, and which results from the penetration of some septic agent into the pleura.

Another danger is the unequal pressure of the liquid effused. Not only does the pneumothorax that comes with phthisis not aggravate the case, but it also seems to stop the advance of the tuberculosis, as the lung-tissue is in a state of repose.

The following are the rules laid down by Potain for using his new method: We should refrain, if there is no dyspnoea, or if the air accumulates so as to give a dangerous pressure; in which case draw off enough to make the pressure equal or slightly inferior to that of the atmosphere. It is possible to completely evacuate liquids effused in the pleural cavity, by substituting sterilized air in their place. This air, purified by filtering through cotton and carbolic solution, has no deleterious action on the cavity. This practice removes the serious danger arising from the presence of a large effusion in the pleural sac, and that arising from a rapid evacuation of such liquids. It also allows the lungs to expand gradually, and prevents frequent punctures of the cavity. Finally, it seems, from Potain's cases, to permit the lungs to gather strength by repose and inactivity, and favors the cicatrization and definite cure of tubercular lesions.

#### CARDIAC ECTOPIA.

Lannelongue, Surgeon to the Hôpital Troussseau, had a very curious case of cardiac ectopia, which he skilfully replaced by an autoplastic operation. The displaced heart was that of a little girl, who was six days old when she was presented to Lannelongue at the hospital. She was a weak baby, but took the breast well enough, and her various functions seemed normal. All her parts were natural except the thorax, which presented near the middle part of the sternum a circular ulceration, limited by a cutaneous border, raised around the edges and containing several fissures, which gave it a teat like appearance. About the middle of the ulceration, deeply placed, was a yellow membrane, which seemed ready to fall off from mortification. It was detached in several places, and floating off, below laid the heart, in the centre of the body, under the neck. The finger could be placed on the ventricle, and

one could feel the hardening of the organ. The internal extremities of the clavicles terminated by an articular head with the first rib, and the superior part of the sternum was altogether missing, forming a sort of open triangle. When the child breathed the ulcerated surface rose and fell. The skin around it was red and angry. No trace of syphilis or phthisis was found in the parents. Lannelongue made a plastic operation which covered the part, and he was able to show the child, nearly two and a half months after the operation, in perfect health, with the chest as firm as possible. He hopes that as the heart develops it will be more covered and take a deeper place.

#### COD-LIVER OIL IN TUBERCULOSIS.

It is wonderful how the old medicines hold their own, all the same, notwithstanding that new ones are invented every day. M. Bucquoy, presents to the *Société médicale des hôpitaux*, a patient that he had shown some nine months before covered with tubercular abscesses and in a marked cachectic state. Iodoform and etherized-iodoform, had been injected into him, but all to no avail; when the eminent doctor of the Hotel Dieu concluded that he would keep him simply on an ordinary dose of cod-liver oil, and nothing else. In a very short time the abscesses commenced to be absorbed, and cicatrize, while the hectic left him and the poor fellow began to pick up; and notwithstanding that he cannot be called a sound man to-day, he is so much improved that he goes to his usual labor. All this is owing to that old and faithful remedy, cod-liver oil.

#### DIABETES.

The same physician has had great success lately with the use of ergot in polyuria. In fact ergot and ergotine are having a considerable boom in therapeutics. Deboué, of Pau, gives it in typhoid fever with great benefit, and it is highly praised in heart diseases. Speaking of polyuria and diabetes, antipyrine, which is now to be called *analgesine*, has been given by Huchard in such troubles, with a wonderful diminution of the quantity of urine eliminated. But then Dr. Duhomme comes

along with a series of cases of people who have been eliminating some ten quarts of urine per day, and in two months time they got all right again by doing, what? *Why, just nothing at all!* It is sometimes astonishing how these expectation doctors take the wind out of the sails of some very promising new therapeutic novelty!

#### THUYA OCCIDENTALIS.

An old remedy once much used and called the tree of life, was brought again into notice here by Baratoux, who has employed it in tumors of the nose, larynx, and throat. This throat specialist finds that the ancient reputation of this remedy for vegetations, such as cancers of the os uteri, was well deserved, as he found that it rapidly produced, in twelve patients, who had various throat tumors, a diminution of the mass; with an entire absence of fetor in a case of epithelioma of the larynx, so that the patient was able to go two years without an operation. M. Dujardin-Beaumetz said that he had tried the drug on dermoid growths and found it of considerable benefit in such vegetations as warts. Another finds it of value in papilloma of the bladder, and gives twenty to thirty drops of it to stop hemorrhage of the bladder. But if the hemorrhage is abundant he prefers to commence the treatment with hamamelis Virginica.

#### HYPER-CHLORHYDRIA.

Germain Sée, with the untiring activity that characterizes him, has been pursuing his researches on the acids of the stomach. Ever since he has found in phloroglucine-vanilline a constant reagent, which detects, without fail, hydrochloric acid in the stomach, he has continued his study of the various stomach troubles. He finds now that what is called "brilliant green" will give a quantitative valuation of the acid, and that carbolized-perchloride of iron will detect lactic acid. Armed with these reagents and a stomach tube, his *chéfs de clinique*, Durand Fardel and Albert Mathieu, have been making a series of trials on thirteen patients, who seemed to have a sort of hyper-hydrochloria, that is, an excess of that acid in the stomach, besides the usual

symptoms of atonic dyspepsia. These patients have pain three to six hours after meals, generally checked by taking food. Others again feel pain at night, and only obtain relief by vomiting. This hyper-acidity can only be defined and exactly diagnosticated by a chemical examination of the stomach contents, as mentioned above, and upon this will depend the treatment. In such acid stomachs all the meat-food and albuminates are well digested, but often the patients do not care for such diet, but insist on starch foods, which simply swell up in such an acid condition. The acid must be neutralized, but the proper moment must be taken to do it; that is to say, three or four hours after meals, when the hydrochloric acid has attained its maximum. Bi-carbonate of soda is then to be used in large doses (6 to 10 grammes are given). Another important point in alkalino-therapy is the fact that hot milk has just enough alkalinity to stop the painful troubles of this state, when they come on at night; and Sée gives some dozens of cases where a glass of hot milk brought about calm sleep at night, and no pain. It is not at all, however, his idea that a regular milk treatment is to be instituted, and he often talks of the deplorable custom that has arisen in medicine, of putting all patients, as he calls it, *at the tit*, which certainly in dilated stomachs does much more harm than good. M. Sée insists on the use of meat food in such cases, and the temporary abandonment of all starch foods and green vegetables. A necessary indication is to use evacuants, because if the intestines are allowed to be charged with fecal matters, and the gases are allowed to accumulate, they will come up by the pyloric orifice and get into the stomach, and all the treatment in the world will be of no avail. If atony of the stomach walls themselves persists, nothing is so good to increase their contractility as the use of hot drinks, such as tea, etc. Alcohol, on the contrary, will only increase the hyper-acidity and push the mucous membrane to destruction. Hydrotherapy, used cold, is also recommended by Sée, as well as gymnastics and massage.

THOMAS LINN, M.D.

## CINCINNATI.

THE Thirty-ninth annual session of the American Medical Association was the event of last week, as the National Convention of State Boards of Health distinguished the week preceding. The Association met on May 7, and adjourned on May 11, after a very pleasant and harmonious meeting. It is believed that the pleasure of the occasion was greatly advanced and the concord assured by the considerate behavior of the "factious minority," which cannot be too highly commended; it either remained away from the session altogether, or so thoroughly effaced itself that its presence was not disagreeably impressed upon the ordinary observer. The meeting was not so large as some that have preceded it, less than a thousand having signed the register; but it was evident that the real workers were present, since it was generally conceded that the section-work was never better. The number, as well as character of the scientific papers, were both very gratifying; in fact, not a few excellent contributions were obliged to be read by title on account of the wealth of material. President Garnett filled the chair with dignity, and well earned the vote of thanks tendered him at the conclusion of the session for the ability, amiability and impartiality which he displayed in the performance of the duties of his high office. The recommendations contained in the President's address excited more than usual interest. He advised the adoption of the following measures, with regard to medical education:

Proposition 1.—"That a standing committee, to be called a Committee of Legislation, be appointed for each State, Territory and District of Columbia, to consist of five members of the medical profession in good standing, three of whom shall have no official connection with any medical school or college, whose duty it shall be to carry out as far as possible the following instructions:

"First.—That each one of said committee, or a majority thereof, shall attend the sessions of their respective Legislatures, or from time to time, as their duties may require, for the pur-

pose of using all honorable means look-  
to the reduction of the number of  
medical schools in the United States,  
and a consequent diminution in the  
annual number of medical graduates;  
that as a practical measure to this end  
they urge the passage of a law requir-  
ing that in the future granting of char-  
ters for creating medical schools there  
shall be a clause in every such charter,  
requiring that such schools or colleges  
thus created shall demand a full term  
of four years' study, before granting a  
diploma to any student thereof, and  
that no student shall be admitted to  
matriculate who has not passed a satis-  
factory examination, both oral and  
written, in the ordinary branches of  
academic study; and further, that any  
college failing to show a greater num-  
ber than fifty matriculates annually, for  
three consecutive years, shall forfeit its  
charter and be abolished.

"Second.—That they use all diligent  
effort to secure an ordinance creating  
in each State or Territory where no  
such Board at present exists, a Board  
of Medical Examiners, which shall have  
no connection with any medical school,  
and which shall be required to examine  
all applicants for license to practise  
medicine in their respective States;  
and that any person who may be de-  
tected in practising any branch of the  
healing art without a license granted  
by said Board shall be subject to such  
penalties as the law may provide. That  
this committee may be authorized  
by statute to select and nominate to  
the Governors of the States seven com-  
petent and learned members of the  
medical profession, to constitute said  
Board of Examiners, who shall have  
the exclusive power to issue licenses to  
practise the art and sciences of medi-  
cine and surgery.

Third.—"That the Chairman of said  
committees of five be required to sub-  
mit at each annual meeting of this As-  
sociation, a report embracing a full  
statement of what has been accom-  
plished by each."

Proposition 2.—"That the Faculties  
of the several medical schools within  
the limits of the United States be ur-  
gently requested to call a Convention  
at some central point, for the purpose  
of consultation, and adopting some gen-

eral and uniform system of medical education more comprehensive and rigid in its requirements, and more in accord with the spirit of the age and the advanced progress of medical science, suggesting a four years' term of study, the requirement of a preliminary education including some knowledge of the classics.

"That any college or school which shall refuse to enter into such an arrangement as may be decided upon by said Convention shall be excluded from all connection with the American Medical Association, and its alumni not recognized as members of the regular profession."

These recommendations are radical; but it is evident to all that some authority should be created or organization constituted, which may exercise a wholesome restraint upon the formation of diploma shops, and which will check, to some extent at least, the reckless exercise of the right to confer the licences to practise medicine upon a too-confiding and long-suffering people. One of the principal objects for which the American Medical Association was formed was to enable the profession to reform abuses with regard to medical education. The recommendations of Dr. Garnett have been well considered by him, and, therefore, will attract deserved attention and discussion. If the plan proposed be not the best one of attaining the desired end, possibly a better one may be formulated and reported at the next meeting.

The report of the Board of Trustees of the Journal of the Association was very satisfactory, and was received with applause. The Journal is now firmly established upon a paying basis, and instead of being an expense it is now published at a profit. The session wisely re-elected the Board of Trustees for the ensuing year.

The following amendments to the Constitution were adopted:

The first was a substitute for Section II of the Constitution relating to membership; it provided that members by application shall consist of such members of State, County, or District Societies as shall make application in writing to the Treasurer, accompanied by a certificate of membership in good

standing, signed by the proper officers, and accompanied by the annual dues. Such a member is to have all the privileges of a permanent member.

The second amendment was of Section V of the Constitution, and provided that the Board of Trustees shall consist of nine members, three to be elected every year, for a three years' term of service. Both of these were carried. A third amendment, changing the present method of selecting the Nominating Committee, was, after considerable discussion, laid on the table until the next meeting.

The addresses by Dr. E. M. Moore, on Surgery; Roberts Bartholow, on Medicine; and H. P. Walcott, on State Medicine, were well received and were a decided improvement over the former method of addresses by Chairmen of Sections. Although the former plan was well conceived and had much to recommend it, yet it failed from absolute lack of time to receive the reports of progress in the different departments of medicine.

An unexpected success was scored by the report of the Committee on Dietetics, E. A. Wood, M. D., Chairman, an abstract of which appeared in our last number. The report of the Sub-Committee on Infant Feeding also attracted considerable interest, as the first attempt by the Association to formulate principles of dietetics.

Dr. John B. Hamilton, Supervising Surgeon-General of the United States Marine Hospital Service, Secretary of the Nominating Committee, read the report of the Nominating Committee, which was adopted amid loud applause:

President—Dr. W. W. Dawson, of Cincinnati.

First Vice-President—Dr. W. L. Schenck, of Nebraska.

Second Vice-President—Dr. Frank Woodbury, of Philadelphia.

Third Vice-President—Dr. H. O. Walker, of Detroit.

Fourth Vice-President—Dr. J. W. Bailey, of Georgia.

Treasurer—Dr. Richard J. Dunglison, of Philadelphia.

Permanent Secretary—Dr. W. B. Atkinson, of Philadelphia.

Librarian—Dr. C. H. A. Kleinschmidt, of Washington.

The address on General Medicine, for 1889, will be delivered by Prof. Wm. Pepper, of the University of Pennsylvania.

The address on General Surgery, by Dr. P. S. Conner, of the Ohio Medical College.

The address on State Medicine, by Prof. Wm. H. Welch, of the Johns Hopkins University of Baltimore.

The next place of meeting is Newport, Rhode Island, Dr. Horatio Stover, Chairman of Committee of Arrangements, and Dr. W. Thornton Parker, Secretary.

The entertainments given by the physicians of Cincinnati were very much enjoyed, especially the reception at Art Museum, in Eden Park, and the concert by the Apollo Club, at Music Hall.

W.

## REVIEWS AND BOOK NOTICES.

**THE LANGUAGE OF MEDICINE.** By F. R. CAMPBELL, A. M., M. D. D. Appleton & Co., New York 1888.

The object of this work is to provide the medical student who is not a literary collegiate with a means of acquiring, the origin, etymology, pronunciation and meaning of the technical terms found in medical literature. The author takes up the subject quite thoroughly, dividing his work in parts as follows: Part I. Origin of the language of medicine, containing chapters on the historical sources of the language of medicine; the origin of words, and the life and death of words. Part II comprises the Latin element in the language of medicine; in it is found orthography, orthoepy, the different declensions of nouns, etc., the conjugation of verbs, etc. Part III takes up the Greek element in the language of medicine; and Part IV elements derived from the modern languages.

The book is gotten up in excellent style, and is what has been needed for many years, especially before the demand for higher education and preliminary acquirements in the medical schools, which is now really forcing those desiring to study medicine and

to become prominent in their profession to become graduates in literary and scientific schools before entering upon their studies in medicine.

There are two chapters, those of "Orthoepy" and "Words commonly mispronounced," which are so behind the generally accepted theory of the world at present, that it causes us to take issue with the same. When England thought she was monarch of the world and could change and regulate everything to suit her fancy, one of her attempts was upon the pronunciation of vowels in the Latin and Greek languages, giving them those of the English vowels, differing from the other languages of the continent, especially the Italian, which arose from the Latin, being really a descendant therefrom, and in which the pronunciation of the vowels was naturally carried down. The English pronunciation was carried over to this continent by the early settlers in New England, and thus taught in the schools established. All this has been wrong; and as a dead language should be pronounced as near as possible to its original, when philologists are now united upon the fact that the pronunciation from Rome is the correct one, and even the English schools have given up their arbitrary methods, as well as most of the higher schools in this country; why should the medical profession differ from the other learned professions in their Latin and Greek?

The Latin language with the Roman pronunciation of the vowels is soft and liquid in its forms and sound, while the English method is harsh and sharp. The flat *a* in fate is not as soft and resonant as *a* in father, so with the *e*, not as see, but say; *i* not *ei* but *e*, and so on giving that expression of sound which distinguishes the soft and pleasant Italian.

This is the only part of the book which to our minds is incorrect, and we know that the great majority of graduates of the literary schools of the present day will not accept the pronunciation as given by the author. The discourse on page 66 does not add much to the strength of his argument, but weakens it materially, especially when he at once calls the man who

does not think and believe with him, Prof. *Blowmuchi*; one perhaps who has had the advantage of equally as good a Latin training as he has, and no doubt in an older, and perhaps a more thorough school, but not tainted with "English, you know."

We would advise all students to get a copy of the book as there is much interesting and instructive to learn in it; but to guard themselves against the pronunciation as recommended of the vowels.

### LETTERS TO THE EDITOR.

#### ENTERO-COLITIS.

**Editor MEDICAL TIMES:**

What is the best treatment for enterocolitis in infants? I have been using bismuth, opium and chalk mixtures, Dover's powders, etc., but without much success. I, as a rule, have the misfortune to lose one-half or more of my little patients. W. A. THOMPSON, M.D.

Logan's Store, N. C.

[The most successful treatment we have ever tried is that by the sulpho-carbolate of zinc, gr.  $\frac{1}{4}$  to gr. j every two hours. The diet should be strictly limited to raw white of egg, raw scraped beef and the best of the prepared foods: milk being absolutely forbidden.—ED.]

#### HEMOPTYSIS FOLLOWING COITION.

**Editor MEDICAL TIMES:**

It is a strange coincidence that when I saw "J. W. C.'s" letter in May 15th's issue, I was just about to write an account of a similar case.

I have a female patient, B. J., who is consumptive, but now the lung seems to have healed to a certain extent. She is not annoyed, as a general rule, with cough or indisposition of any kind. About twice a week, lately, she has been sending in the night for me to stop hemorrhages from her lungs. After questioning her, I find that the hemorrhage only comes after sexual intercourse; sometimes immediately after the act is finished.

This woman is in almost perfect health and forgets that she ever had

pulmonary disease, she is troubled so little with any of the usual symptoms. The cause of the hemorrhage is now easily understood. JNO. W. C.

#### DIAGNOSIS WANTED.

**Editor MEDICAL TIMES:**

Miss B., age 10. Bright and well on Sunday. Was taken last Monday with chill, followed by fever. Her parents on same day took her out riding, thinking it for her good. During the ride she was listless and drowsy; complained of pain in back and breast, which was relieved by mustard-plaster. She continued worse until I was sent for, on Tuesday, P. M., when I found her very ill; temperature,  $103^{\circ}.2$ ; pulse, 120. Prescribed fever mixture.

Wednesday, A. M., much worse; temperature,  $104^{\circ}.6$ ; pulse, 140. Continued fever mixture, and added antipyrine, gr. xx, to be taken in five doses, one every hour. Bowels constipated; was relieved with one-sixth grain hyd. chlor. mit., four doses.

Called in P. M., and found her temperature  $103^{\circ}$ ; pulse, 120; has been slightly flighty; at one period felt quite well; wanted to get up, but soon fever supervened again. She eats soft food well; no rash or pain complained of.

Thursday, A. M., seems much better; pulse, 108; temperature,  $102^{\circ}$ ; had a good night's rest; blisters are breaking out around the mouth. Ordered five grains antipyrine every three hours, until 20 grains were taken. Also,

Tr. digitalis.....	M. xij
Quin. sulph.....	gr. xx
Pulv. ipecac.....	gr. iij

In two ounce mixture. Teaspoonful every three hours.

Friday, 10.30 A. M. Seems better; pulse, 96; temperature,  $101^{\circ}.2$ ; had two motions of bowels last evening; the mother thinks that a little elderberry wine I permitted was the cause. About 6 this A. M., the child had a flighty spell, started to get up on the bed and run for an imaginary person. This cerebral symptom lasted only a moment. She has a very slight cough, which is loose, but *no pain or rash* on any part of the body. She never has had any chill since I saw her. This

A. M. the lower limbs were moist at intervals, face and forehead cool; no nausea or vomit or diarrhoea; no coryza.

Please diagnose my case and give comments and prognosis. G. W. C.

[Probably you have here a case of pneumonia. We would recommend reducing the dose of antipyrine to two grains.—ED.]

### MISCELLANY.

#### THE CHEMICAL INCOMPATIBILITY OF ANTISEPTIC AGENTS.

BY ROBERT BOXALL, M.D., M.R.C.P., Physician to the General Lying-in and to the Samaritan Free Hospitals.

THE necessity of employing antisep- tic agents in solution of definite strength will be, I presume, on all hands conceded; for, if the solution be too attenuated, the object in view will fail in its accomplishment, and, if too concentrated, considerable damage will in many cases be wrought, not only locally on the tissues to which the application is made, but also on the body generally as the result of absorption. The border-land between safety and success is, in many instances, a very narrow one. The possibility of reducing the strength of the solution, or of altering its nature through the chemical incompatibility of the materials employed, has hitherto received but little attention. The important practical bearing which this may exert on their efficiency as antiseptics must prove my apology for drawing attention to the matter.

By way of example, I have selected five of the more important antiseptic agents in general use, and, for ready reference as to the incompatibilities of each, the results of the experiments are presented in a tabular form, showing the action not only of these agents on one another, but also of certain lubricants with which they are frequently combined and brought into contact, and of soap with which they are apt to be contaminated in the process of washing and disinfecting the hands and instruments.

In view of the practical utility of these observations, the experiments were made, not with concentrated materials, but with solutions of the

strengths usually employed in practice, and were carried out at temperatures not exceeding that of the body.

	1. Sublimate.	2. Carbolic.	3. Iodine.	4. Salicylic.	5. Condy.	6. Olive Oil.	7. Vaseline.	8. Glycerine.	9. Soap.
1. Corrosive Sublimate Solution (Perchloride of Mercury)	—	1	—	—	—	—	—	—	2
2. Carbolic Solution (Phenol)...	—	—	3	4	5	—	—	—	—
3. Iodine Solution (Iodine and Iodide of Potassium).....	1	3	—	—	—	—	—	—	6
4. Salicylic Solution (Salicylic Acid).....	—	—	—	7	—	—	—	—	8
5. Condy's Fluid (Permanganate of Potassium).....	—	4	7	9	10	11	—	—	—

The following incompatibilities were observed:

1. *Corrosive Sublimate and Iodine*.—No precipitate of mercuric iodide is at any stage of the admixture formed. A small addition of sublimate solution fixes the free iodine, as may be seen by the immediate bleaching of the iodine solution, and confirmed by the subsequent addition of a little starch paste, which produces no blue coloration. One part by volume of sublimate solution (1 in 1,000) is just sufficient to fix the whole of the free iodine in 4 parts by volume of iodine solution (tr. iod. B.P. 3*j* in O*j*). N.B.—This forms a rough and ready test for the strength of sublimate solutions.

2. *Corrosive Sublimate and Soap*.—An insoluble soap is produced even when a neutral soap solution is used. This is of special importance in consideration of the small admixture with soap which is required to throw down the whole of the mercury from solutions of the strength usually employed.

3. *Carbolic and Iodine*.—An exceedingly small admixture with phenol is sufficient to fix the whole of the free iodine as in (1). One part by volume of carbolic solution (1 in 20) removes the whole of the free iodine from 2,000 parts by volume of iodine solution of the strength indicated above.

4. *Carbolic and Condy*.—This is perhaps the most generally recognised of these incompatibilities. Admixture with phenol immediately turns permanent brown.

5. *Carbolic and Olive Oil*.—This is of importance and of special interest when taken in conjunction with the researches of Koch, of Berlin, who has

shown that bacillus spores are capable of living and developing after having been immersed in carbolised oil (1 in 20) for 4 months. The oil appears to enter into some combination with and to fix the phenol. If a drop of tr. ferri perchlor, *B.P.*, be shaken up in a test tube with carbolised oil (1 in 20) no change is found to have been produced in the iron as it gravitates to the bottom. Moreover, if carbolised oil be shaken up with a few drops of water, the water allowed to separate out at the bottom of the tube and a drop of iron solution conveyed into it, the characteristic purple coloration with phenol is not produced unless the shaking has been very prolonged and energetic, and then only to a slight degree. By strongly heating the carbolised oil phenol is again set free, and the above reaction can then be obtained.

6. *Iodine and Soap*.—No action is produced by a neutral soap solution, but ordinary soap, which contains an excess of alkali, at once removes the free iodine.

7. *Salicylic Acid and Condy*.—A very dilute salicylic acid solution (1 in 800) slowly removes the color from permanganate.

8. *Salicylic Acid and Soap*.—A drop of dilute salicylic acid solution gives a white precipitate even when a neutral soap solution is employed.

9. *Condy and Olive Oil*.—When permanganate solution is shaken up with olive oil its violet color is changed to brown.

10. *Condy and Glycerine*.—When permanganate solution is added to glycerine its color slowly changes.

11. *Condy and Soap*.—This incompatibility is also generally recognised. Soap, even when a neutral solution is employed, readily turns permanganate brown.

I do not pretend to any precise knowledge of the bodies produced, some of which may, for all I know, possess powerful antiseptic properties. But until this point is settled by direct observation, when chemical incompatibility exists, the antiseptic properties of the original solution must be regarded as weakened, if not wholly destroyed.

The moral conveyed by the above

experiments is obvious; avoid as far as possible the admixture of antiseptic agents and their contamination with lubricants and with soap when incompatibility exists. For instance, in employing corrosive sublimate it is advisable to use the same solution for disinfecting the hands (carefully avoiding contamination with soap) and for cleansing instruments<sup>1</sup> as for irrigating the parts, to employ a mercurialised lubricant and to use alembroth dressings. If for any reason it becomes requisite to substitute one antiseptic agent for another, a second should be chosen which is not incompatible with the first, and the same precautions should be observed throughout the series.

The above observations deal with one phase only of the subject. I am content to leave to more able hands the elaboration of further details. The second question—the chemical nature of the bodies produced—is for the chemist to answer; the third point—the antiseptic value of these bodies—still remains for the germiculturist to determine. When these points have been settled and acted upon, less scepticism as to the value of antiseptic agents may be looked for. The fault lies not so much with the antiseptics themselves as with the unscientific method in which they are often employed.—*British Med. Jour.*

◆◆◆

**ANTIDOTE FOR SERPENT VENOM.**—Dr. H. C. Yarrow, Curator of the Department, Reptiles, U. S. National Museum, (*Forest & Stream*) has made a series of experiments which go far to dissipate the claims of permanganate of potassa as an antidote for rattle-snake venom. Even when a five per cent. solution of the salt was injected immediately after the venom, the needle of the syringe not having been removed from the puncture made in injecting the venom, the result was the failure of the alleged antidote.

Whether jaborandi will prove more effectual remains to be demonstrated,

<sup>1</sup>Here, again, a caution is requisite, for copper and steel, unless nickel-plated, are apt to decompose the solution and to cause precipitation of the mercury in a free state.

but Yarrow's experiments tend to show that this drug is of real antidotal value.

**THE RELATIVE FREQUENCY OF EAR DISEASES IN THE WHITE AND COLORED RACES IN THE UNITED STATES**—Dr. Burnett, of Washington, D. C., has been making an examination upon the patients attending his clinics at the Central Dispensary, and he finds that the negro is not subject as a race to ear diseases as frequently as the white. It has been generally accepted that among the white race ear diseases form from twenty to twenty-five per cent. of cases observed in clinical service, while in the negro he found about ten per cent. While they are apparently more prone to the acute catarrhal diseases, and are quite as frequently affected with chronic purulent otitis media, the negroes rarely suffer from dry catarrh, which is the cause of so much of the incurable deafness in the white race. Those who do suffer from this malady have it in a mild form, and never, according to his observation, attain to that amount of deafness which renders ordinarily loud conversation difficult to understand. Inspissation of the cerumen seems to affect both races in about the same proportion. Negro girls are more often affected with tumors of the lobules than the white.—*Archives of Otology*.

**BRASS-WORKERS' DISEASES**.—In the *British Medical Journal*, Simon gives the results of his observations concerning the peculiar affections to which brass-workers are subject. These men rarely attain old age, and provident societies dislike to receive them as members.

When, in melting the metals together, the zinc is added to the molten copper, a dense cloud of zinc oxide rises. The effect of this upon the mixers varies greatly with the degree to which ventilation is secured. These men are subject to what is called brass-ague. The author differs with preceding writers, who described this as an intermittent affection, with the chill, hot and sweating stages, such as occur in ordinary ague. Simon found that the subject becomes languid, depressed and very cold. He is pale, almost in collapse, his face covered by cold pers-

piration, he shivers, his teeth chatter and he is restless and anxious. He has headache, is nauseated and complains of muscular pains. He goes home, drinks freely of milk and goes to bed. These symptoms continue until vomiting occurs, when sleep or recovery follows, with debility on waking.

These symptoms are just such as would be caused by the ingestion of an irritant metal in large amounts.

It is only when fresh to the work that brass-workers suffer from "ague," but they become inured to the effects of the poison, as do arsenic eaters. The tartar is constantly green, and no matter how thoroughly the teeth may be cleaned, the green coloration remains. This is due to the copper. White hair is colored green, and the underclothing assumes the same tint, from the perspiration.

Brass-workers suffer greatly from bronchitis, in common with all workers in dust. They die from this, or from fibroid phthisis. Nervous disorders do not occur any more frequently than among other classes.

Digestive disorders are very prevalent; such as dyspepsia, anorexia, gastro-intestinal catarrh, nausea, vomiting, metallic taste, thirst, colic, constipation and diarrhea. These men are often hypochondriacal, complaining of headache and muscular pains. The only distinctive point about these disorders is their obstinacy to ordinary treatment, and ready yielding to iodide of potassium.

The ague is probably due to both copper and zinc; the chronic affections to the copper alone.

#### POISONOUS DYES.

Prof. B., contracted blood poisoning by wearing red flannel. He consequently made a thorough chemical examination of the garment and found that it was dyed with coraline, a notoriously noxious dye.

It will probably be interesting to some of your readers to know what coraline is. This dye derives its name from its resemblance to the red coral which is largely used in the manufacture of beads and cheap jewelry. It is produced by heating a mixture of sul-

phuric, carbolic and dry oxalic acids. This mixture is not soluble in water, but only in alcohol and caustic soda. There is no doubt that it is poisonous. Experiments which have been tried with it in France showed that three grains swallowed by a dog killed the animal within thirty-six hours; while a dose of less than three grains killed a frog on the spot. French physiologists give reports of several cases of blood poisoning by wearing garments which were dyed with coraline. There should be a law against the use of this and similar dyes for coloring wearing apparel, as the only reason for using it is its cheapness.

It is one of the substances which will be used by manufacturers who work under conditions which stipulate low prices and who do not care what it costs to serve their purpose, be it even a human life.

Manufacturers who have used coraline hitherto can no longer plead ignorance after the dangerous properties of the dye have been shown. Whosoever dyes flannels with it commits the same crime as he who adulterates food. This shows how very important it is to be most careful in selecting woolen underwear. It is advisable to buy only natural or bleached woolens and reject all those which are dyed.

—Hosiery Review.

NOTE ON NAPHTHOLS.

[Mr. Louis Genois furnishes the following reply to the query, "What is Naphthol?"]

Naphthols are compounds derived from naphthalin by the substitution of one molecule of hydroxyl (HO) for one atom of hydrogen.

Naphthalin is regarded as a derivative of benzol, its graphic formula representing it as two benzol rings adhering by one side. The hydrogen atoms of naphthalin are divided into two groups, in one of which they are written with a small *h*, and in the other with a capital H. Now derivatives of naphthalin in which the *h* hydrogen atoms are replaced by other elements or radicals, are called *a* (alpha) derivatives (such are compounds containing chlorine, bromine, nitric acid, etc.),

while those in which the H hydrogen atoms are replaced are called *b* (beta) derivatives. When, however, naphthalin is treated with sulphuric acid, both varieties are produced, unless very elevated or long-continued heat be applied, in which case only the *b* variety results.

The usual method of manufacture is as follows:

Naphthalin and sulphuric acid are heated together for several hours, the mixture poured into a large quantity of hot water, the excess of naphthalin filtered off and the solution saturated with lead carbonate; on evaporation the *b* salt crystallizes out first, the *a* salt last; the former is soluble in boiling alcohol, the latter is not, hence they are easily separated; from these lead naphthalin sulphonates the respective acids are prepared, and from the acids fused with an alkali, two naphthols are made—the alpha and beta, and these are the only possible naphthols.

*a* Naphthol is soluble in alcohol and ether, but only slightly soluble in hot water.

*b* Naphthol is soluble in alcohol, ether, chloroform, benzol, in oils and in fats, also in diluted alcohol; it is soluble in about 1000 parts of water; when pure it is quite white and in beautiful shining acicular crystals; it is sublimable, and its solution when treated with ferric chloride, separates *white* dinaphthol, while from the *a* variety, ferric chloride precipitates *violet* dinaphthol (New Remedies, March, 1883).

*b* Naphthol is the article usually kept in drug stores, and dispensed by apothecaries on prescriptions, directing simply naphthol. It has been recommended as an efficient and agreeable substitute for tar, either in ten per cent. alcoholic solution or in fifteen per cent. ointment made with petrolatum; it is said to be readily absorbed by the skin, and is eliminated in the urine partly unchanged and partly as naphthol sulphuric acid. I imagine that a naphthol cotton would be a desirable and useful agent to surgeons; it can easily be prepared by impregnating absorbent cotton with an alcoholic or ethereal solution of naphthol and drying. Naphthol is sometimes employed in the crude state for disinfecting by simply dropping it on an iron plate heated by an alcohol lamp.

## HYSTERIA.

"What do you think of this as a treatment for Hysteria?" asked a clever and witty country doctor the other day. "Several years ago I was hastily called to see a woman said to be on the verge of death from convulsions. Sure enough, when I reached the bedside, she was writhing terribly in the bed, and contending against three men who were holding her down; one had her head; another her hands; and a third was putting his whole weight on her feet, and all appeared to have about as much as they could do."

"I knew that the woman had been treated some years, without effect, for these attacks. But the moment I saw her, I decided I had to deal merely with a manifestation of hysteria.

"'Let her go,' I ordered the men; 'if she has another attack, I'll hold her. 'Why, you can't, she'll kill herself,' said the husband. 'No she won't,' I replied. 'I'll tend to her.'

"Now," I continued to the men, 'you go down stairs and heat a flat-iron, heat it red hot; I can cure this.'

The men went down and the woman lay there quietly for a short time, with her eyes tight shut; for she had begun to quiet almost as soon as I entered. Finally she opened her eyes slightly, and said faintly, 'That will hurt, wont it?' 'Hurt!' I exclaimed, 'why, Maria, the pain will be awful, positively awful; but it is the only thing for you. Maria, I continued solemnly, 'I am going to put that red-hot iron right on your stomach. It may kill you, that's what I fear; but if it does not kill you, I am sure you will never have another attack.' The woman visibly improved. Then I went down stairs, where I found the men, who took the matter in earnest, had an iron on the stove and were stirring the fire.

"Look here," I said to the husband, 'I don't mean this,' and then I explained my object; 'but I want you to rattle the iron on the stove, and after a little, call up telling me the iron is ready.' I returned to the patient's room, and found her still improving. 'Now, Maria,' I asked, 'do you feel as if another attack were coming on?' Just at that moment the iron rattled down stairs.

'No, no,' she hastened to say, 'I feel ever so much better, I'm sure.' A few minutes afterward the husband called from below, 'the iron is ready, doctor.' The woman shuddered. 'Wait a minute,' said I to the husband; and then to the patient, 'are you absolutely sure, Maria, that you have not the slightest symptoms of another attack. If you think you have, I will apply the iron; for this trouble must be cured.' 'Oh, doctor,' she promptly answered, 'I am perfectly sure that there is not the slightest symptom in the world. Indeed, I feel quite well.'"

"I staid an hour," added the doctor, "on the lookout for that 'slightest symptom'; but it did not come, and none has come to this day."

E. B. S.

FOR SEA-SICKNESS. (*Rouquette*).—

R Antipyrin.....	gr. lxxv
Cocaine murat.....	gr. jss
Caffein.....	gr. iv
Strychnina sulphat.....	gr. $\frac{1}{10}$ v
Sp. vini Gall.....	5 ijs
Aq. destill.....	3 xxijss

M. S.—A spoonful to be taken before going on board, and twice subsequently during the day, or three teaspoonsfuls during the day.

—*Revue de Ther.*

## CREASOTE FOR PHthisis.—

R Creasoti.....	13 grammes.
Tinct. gentian .....	30 "
Sp. vini rect.....	250 "
Vin. Tokayens.....	1000 "

M. S.—A dessertspoonful three times daily, in water.—BOUCHARD in *Revue Med. de Louvain*.

## GUAIACOL FOR PHthisis.—

R Guaiacol puriss.....	gr. xv-xxx
Aque dest. ....	3 vj
Sp. vini.....	3 vss

M.—To be kept in a black glass.

S.—A tea to a dessertspoonful two to three times a day, in a cup of water, after meals.—SAHIL in *Revue Med. de Louvain*.

## FOR CHRONIC INFANTILE BRONCHITIS.

R Creasoti.....	gtt. iv to xiv
Sp. etheris.....	gtt. vj to xij
Aque dest.....	50 grammes.
Sacchari.....	10 "

M. S.—A teaspoonful every two hours.

—*Revue de Ther.*

## FOR GONORRHEA.—

R Cocain. hydrochlorat.gr. viiss	
Quinin. "	gr. xv
Glycerini pur.....	3 vj M xv
Aque dest.....	3 xvij M xlvi

M. S.—For injection.

—*Revue de Ther.*

## FOR PRURITUS ANI.—

R Cocain..... 30 centigr.  
Vaselin..... 80 grm. M.

—BESSMER, in *Gazette de Gynec.*

FOR INFANTILE URTICARIA.—At bed-time, anoint with the following pomade:

R Chloral hydrat.,  
Camphora pulv.,  
Acacie pulv..... 33. 3 j

M.—Triturate until liquefied and then add one ounce of cerate.

This relieves the pruritus, permits the infant to sleep, and puts a stop to scratching. In the morning anoint with :

R Acid. carbolic..... gr. vijss  
Amyli glycerol..... 3 j

M.—The child must be clad next the skin in linen.—*Revue de Ther.*

MEDICAL TREATMENT OF SUBINVERSION.—Cheron has recommended the use of deep ignipuncture, with numerous points. With this he recommends the following medical treatment:

1. Bi-quotidian frictions with chloroform over the kidneys.
2. Salt baths.
3. Before each meal, ten drops of this mixture:

R Tinct. rhei..... 30 grm.  
Vin. antimonii..... 4 " "  
Potassae acetat..... 8 " M.

MENSTRUAL HEMICRANIA.—At the beginning of menstruation, take a spoonful of the following, repeated three or four times daily :

R Tinct. gelsemii..... 50 grm.  
Syrupi..... 1000 " M.

—DUJARDIN-BEAUMETZ, in *Gazette de Gynec.*

LOCAL ANÆSTHETIC FOR MINOR OPERATIONS.—

R Chloroformi  
Sp. vini rect.  
Aq. coloniensis..... 33 part aeq.

The anaesthesia is less prompt than when the anæsthetics are given by inhalation; but the subjects find the process more agreeable and less dangerous.—*Revue de Ther.*

FOR EPILEPSY. (*Campbell Black*).—

R Camphor monobromid..... gr. vijss  
Ext. belladonnae..... gr. vj  
Ext. gentianæ ..... q. s.

M. et in pil No. xii div.

S.—One to be taken night and morning.

In bad cases the dose is increased to three pills.

FOR WHOOPING-COUGH. (*Ruthe*).—

R Acid. phenic.....	gr. iij
Alcohol.....	gr. iiij
Tinct. iodi.....	gtt. xx
Aq. menthae.....	3vj 3ij
Tinc. belladonnae.....	3 j
Syrupi.....	3 x

M. S.—A teaspoonful every two hours.

— A number of Dr. Hiram Corson's personal friends tendered him a complimentary reception during the meeting of the State Medical Society. The leading feature of the occasion was the reading of Dr. Wistar's poem, which we print below.

## DR. HIRAM CORSON.

In recognition of his distinguished professional labors, covering a period of over sixty years.—RES CRESCUNT, VIRTUTE DUCE.

## I

Far up the Perkiomen hills,  
By Schuylkill's laughing stream;  
From Pennepacka's lazy flow  
To Wissahickon's gleam;  
For sixty years through sun and storm,  
Hard pressed by night and day,  
Regardless only of thyself,  
Thy course unwearied lay.

Thy life was like the crystal spring  
Fed by the mountain snow  
That makes the face of nature glad  
With verdure by its flow;  
For blessed are the feet of those  
Who health and healing bring,  
Who bid the weak be strong again,  
The heavy-hearted sing.

In thee alike the rich and poor  
Beheld a friend in need,  
Who self forgetting at their cry,  
Would haste with earnest speed.  
Thy very presence was enough  
To stay the sinking heart  
And often hope and health inspire,  
Without a touch of art;

Thy words and smiles would mollify  
The pains and ills of life,  
And often leave the troubled mind  
More fitted for the strife;  
For thou wouldest cheer the lonely heart  
With counsel kind and true,  
And oft achieve with sympathy  
What science could not do.

Yet thou hast skill and science, too,  
And learning's latest lore,  
For thou hast ever, like the bee,  
Toiled to enrich thy store,  
And knowledge gleaned on every hand  
From youth to present age,  
From men and books, but most of all,  
From Nature's open page.

To shun thy well-directed aim—  
Afraid to stand the fire—  
The lurking forms of foul disease  
Before thee would retire;  
The Hydra-headed Pestilence  
Would oft forsake its prey,  
And hungry and unwilling own  
Thee master of the day.

## II.

From far and near we honor thee—  
No fossil of old time,  
But fresh and strong in wisdom yet,  
As in thy manhood's prime;  
The glory of the past is thine,  
And of the present, too;  
The beauty of the winter's rime  
And of the summer dew.

If thou wast always tender, kind,  
Sincere, forgiving, true,  
Yet something of heroic stuff  
Was in thy nature, too.  
Among the first thou didst espouse  
Thy sister's cause as thine,  
And bravely held no sex controlled  
The healing art divine.

As far and wide, with single eye,  
Thrice welcome thou didst go  
To soothe thy brother's bed of pain  
And still the voice of woe,  
With humble aim 'twas thine to walk  
The path the Master trod,  
And prove each day by doing good  
Thy mission was of God.

Not like the sudden meteor glare  
That dazzles and is gone,  
But, like the steady orb of night  
That guides the seaman on,  
Thy life a beacon light has shone  
To guide us on life's main,  
And teach us, by thy modest worth,  
That only good is gain.

The heat and burden of the day  
Thy head has borne too long.  
'Tis time to carry home thy sheaves  
And join the evening song,  
With all the fruits that wait on age—  
Love, honor, countless friends,  
And joy all other joys above,  
The peace thy conscience lends.

THOMAS WISTAR.

JUNE, 1888.

## OBITUARY.

## JOHN WIEGAND SNOWDEN, M. D.

Dr. John Wiegand Snowden, was born in Philadelphia, April 23, 1823. He was the son of Thomas and Sarah M. Snowden. His father was for over thirty years associated in business with John Wiegand, as manufacturers and importers of surgical instruments in Philadelphia.

Thomas Snowden took an active part in public affairs in that city prior to 1854, and represented the old "South Mulberry" ward, for

many years in its common and select councils, serving for ten years as president of the former. The firm of Wiegand & Snowden was one of the earliest in that line of business in the United States, which is still carried on by William Snowden, son of Thomas, and younger brother of Dr. John W. Snowden.

The doctor was educated at the "Engle" classical school in Philadelphia, assisted Dr. George McClellan as Demonstrator of Anatomy, and graduated from the Medical Department of the University of Pennsylvania, in 1844. He commenced the practice of medicine in his native city, but soon removed to Middletown, Delaware, and thence to Chew's Landing, Camden county, New Jersey. He was of feeble constitution and subject to pulmonary diseases. Learning from the natives that a residence in the barrens of New Jersey called the "Pines" was a sovereign remedy for these affections, he removed in 1846, into what was then the centre of that wilderness, near where is now the Ancora station on the Camden and Atlantic Railroad. In June, 1849, he joined the Camden County Medical Society, and was at his death the oldest member on its roll. He had filled all the important offices in the Society, having been twice its president, and for nine years chairman of its "standing committee," resigning in 1887 in consequence of ill health. He was a member of the New Jersey State Medical Society, and its president in 1882, a member of the American Medical Association and of the Obstetrical Society of Philadelphia. A few years prior to his death he removed from Ancora to Hammonton, six miles below the former place, and just within the limits of Atlantic county, where he died May 28, 1888.

At a special meeting of the Camden County Medical Society, held at Camden, N. J., May 30, 1888, the following was ordered to be placed upon the minutes:

"In the death of Dr. John W. Snowden, who was a member of this Society for thirty-nine years, who rarely was absent from its meetings, who filled its highest posts of honor, maintained its dignity and used his rich fund of experience and ripe judgment in the interest of harmony, this Society has sustained a great loss.

"We commend to the members of the Society this bright example of the *true physician*, one who for forty years by night and by day, in sunshine and in storm, devoted talents worthy of a more brilliant theatre, to the people of a sparsely settled district, and ministered with great medical skill to alleviate their sickness and suffering, and often with true Christian piety, furnished them with spiritual consolation.

"We extend to his bereaved family our sincere sympathy in their sorrow and loss, knowing that, although his place cannot be filled, their and our remembrance of him will be one of who in all his relations in life, both public and private, was the embodiment of purity, honor and dignity.

H. GENET TAYLOR, M.D.,	Committee.
E. P. TOWNSEND, M.D.,	
E. L. B. GODFREY, M.D.,	
DANIEL STROCK, M.D.,	

J. F. WALSH, M.D.,